

**County Borough of Smethwick**

**Annual Report**

OF THE

**Medical Officer of Health**

FOR

**1957**

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**RICHARD J. DODDS, M.B., B.S., D.P.H.**

*Medical Officer of Health, Chief Welfare Officer,  
Principal School Medical Officer.*

**W. L. KAY, F.A.P.H.I., M.R.S.H.**

*Chief Public Health Inspector.*



"HILLCREST" NEW HOME

# County Borough of Smethwick

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## COMMITTEES, 1957-1958

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### Health Committee:

Chairman: Councillor R. L. Pritchard

Vice-Chairman: Alderman F. W. Perry, J.P.

The Mayor (Alderman A. Harris, J.P.)	Coun. W. G. Mason
Coun. Miss J. M. Collins, J.P.	Coun. Mrs. M. Richards
Coun. A. V. Littlehales	Coun. Mrs. E. Seager, J.P.
	Coun. E. C. Tutty

Co-opted Members for the purpose of Maternity and Child Welfare:

Mrs. W. O. Jones	Mrs. E. Stanley
Mrs. K. Smith	Mrs. M. L. Perks

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### Mental Health Sub-Committee:

All Members of the Health Committee:

Mr. J. M. Adair

Chairman: Councillor R. L. Pritchard

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### Welfare Sub-Committee:

All Members of the Health Committee:

Chairman: Councillor R. L. Pritchard

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### Health and Education Joint Sub-Committee:

Representing Health Committee:

Councillor R. L. Pritchard

Alderman F. W. Perry, J.P.      Councillor Mrs. E. Seager, J.P.

Representing Education Committee:

Alderman Mrs. E. M. Farley, O.B.E., J.P.

Councillor Miss J. M. Collins, J.P.      Mr. H. O. Hughes, M.A., B.Sc.

## HEALTH DEPARTMENT STAFF:

Medical Officer of Health, Chief Welfare Officer and  
Principal School Medical Officer:

Richard J. Dodds, M.B., B.S., D.P.H.

Deputy Medical Officer of Health and Deputy Principal  
School Medical Officer:

Margaret E. McLaren, M.B., Ch.B., D.P.H.

Assistant Medical Officers:

F. Constance Myatt, M.B., Ch.B., D.P.H., D.I.H.

Brian Didsbury, M.B., Ch.B., D.P.H.

Chest Physician (part-time):

A. Wilson Russell, M.D., Ch.B., D.P.H.

Obstetrics Officer (part-time):

T. Dougray, M.B., Ch.B., M.R.C.O.G.

Chief Public Health Inspector:

(*abcdef*) William L. Kay, F.A.P.H.I., M.R.S.H.

Deputy Chief Public Health Inspector:

(*abc*) R. G. Evans, M.A.P.H.I.

Public Health Inspectors:

(*abcd*) W. F. Ball, M.A.P.H.I.      (*ab*) J. N. Cope, M.A.P.H.I.

(*ab*) T. P. Jones      (*ab*) A. W. Reeves, M.A.P.H.I.

(*abc*) G. O. Wright, M.A.P.H.I.

Pupil Public Health Inspectors:

H. M. Blackshaw

D. G. Hobday

*a* Public Health Inspector's Certificate of the R.S.H. and S.I.E.  
Joint Board.

*b* Meat and Food Inspector's Certificate of the R.S.H.

*c* Smoke Inspector's Certificate of the R.S.H.

*d* Certificate in Sanitary Science of R.S.H.

*e* Liverpool University Meat Inspector's Diploma.

*f* Liverpool School of Hygiene Smoke Inspector's Certificate.

### **Administrative Staff:**

Chief Administrative Assistant: Alexander D. H. Ridpath  
(to 30.9.57)

G. Cree, D.M.A.  
(from 14.10.57)

Deputy Chief Administrative Assistant: G. Cree, D.M.A.  
(to 13.10.57)

W. D. Foden, D.P.A.  
Mental Health Officer  
(to 1.12.57)

F. T. Brookes, S.R.N., R.M.N.  
Mental Health Officer  
(from 30.12.57)

S. de Wit, Senior Clerk  
Evelyn M. Roe  
(M.O.H.'s Secretary)

B. T. Broxton (from 18.11.57)

Kathleen L. Whiston

Ida Faulkner

Clarissa L. Beddows

Cynthia Bourne (from 29.4.57)

M. H. Critchley

Megan I. Cooper

Olivia M. Duberley

F. A. Collett, Welfare Officer  
Monica G. Parkes,  
Welfare Assistant

Frances K. Callard  
(i/c M.C.W. Section)

Doris C. Tipping  
(i/c School Section)

Lilian Gregory  
(C.P.H.I.'s Secretary)

Daphne F. Dyke

Patricia M. Hall

Vera F. Handy (from 14.1.57)

Barbara Morris (to 21.8.57)

Olive J. Salmon

J. Smallwood

A. H. Wheatcroft (to 30.6.57)

Mary L. Whitehouse

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### **Nursing Staff:**

Superintendent Nursing Officer:

Miss M. Wainwright, S.R.N., S.C.M., H.V. Cert.

#### **Health Visitors:**

Miss M. Adams  
S.R.N., S.C.M., H.V. Cert.

Miss M. B. Alderton  
S.R.N., S.C.M., H.V. Cert.  
(to 18.10.57)

Miss J. E. Barlow  
S.R.N., S.C.M., H.V. Cert.  
(from 2.9.57)

Miss K. E. C. Biggs  
S.R.N., S.C.M., H.V. Cert.

Mrs. I. Cowell  
S.R.N., S.C.M., H.V. Cert.  
(from 20.5.57)

Mrs. D. H. Daniels  
R.F.N., S.R.N., S.C.M.  
H.V. Cert. (part-time)  
(from 15.7.57)

Miss E. L. Farmer  
S.R.N., S.C.M., H.V. Cert.  
(to 12.1.57)



### Health Visitors (continued)

Mrs. D. Grainger S.R.N., S.C.M., H.V. Cert.	Miss M. E. Tench S.R.N., S.C.M., H.V. Cert.
Mrs. H. M. Hoy S.R.N., S.C.M., H.V. Cert.	Miss E. M. Williams S.R.N., S.C.M., H.V. Cert.
Miss D. Hunt S.R.N., S.C.M., H.V. Cert.	(from 24.6.57)
Miss M. P. O'Keefe S.R.N., S.C.M., H.V. Cert.	

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### Student Health Visitors:

Mrs. M. S. Fletcher, S.R.N., S.C.M. (from 2.9.57)  
Miss E. M. Williams, S.R.N., S.C.M. (to 23.6.57)

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### Clinic Nurses:

Mrs. V. Carlos, S.R.N., S.C.M. (from 2.1.57 to 13.7.57)	Miss E. M. Shield, R.S.C.N. (from 1.7.57)
Miss B. Kay, S.R.N. (from 1.8.57)	Mrs. H. M. Warner, S.E.A.N.
Mrs. G. M. Littler, S.R.N. (part-time)	

The work of these Health Visitors and Nurses is divided between  
the Health and Education Committees.

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### Municipal Midwives:

Miss D. Baunister S.R.N., S.C.M.	Mrs. M. S. Fletcher S.R.N., S.C.M. (to 1.9.57)
Mrs. V. Carlos S.R.N., S.C.M. (from 14.7.57)	Mrs. A. Grosvenor S.R.N., S.C.M.
Miss A. Clancy S.R.N., S.C.M. (to 11.8.57)	Mrs. D. G. Hepburn, S.C.M.
Miss M. E. Corfield S.R.N., S.C.M. (from 12.9.57)	Miss M. A. King, S.R.N., S.C.M.
Miss E. L. Finn S.R.N., S.C.M. (to 11.7.57)	

### Home Nurses:

Supervisor: Miss J. High, S.R.N., S.C.M., H.V. Cert.

Mrs. O. L. Andrews, S.R.N. (part-time) (to 5.7.57)	Mrs. M. C. O'Brien, S.R.N. (part-time) (from 22.7.57)
Mrs. M. L. Bevan, S.E.A.N.	Mrs. M. Slater, S.R.N.
Mrs. J. R. Bridle, S.R.N., S.C.M.	Mrs. F. R. Snow, S.E.A.N.
Miss F. M. Hawkins, S.R.N.	Mrs. E. B. Weaver, S.E.A.N.
Mrs. M. A. H. Jones, S.E.A.N.	Mrs. M. A. Worrall, S.R.N. (part-time) (to 30.11.57)
Mrs. A. H. V. Mackenzie, S.E.A.N.	

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### Domestic Help Organiser:

Mrs. G. J. Thompson (from 2.9.57)

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### Chiropodists:

Miss A. M. Dobson, M.Ch.S.	J. Beaumont, M.Ch.S.
Matron, "The Hollies" ...	Miss C. J. Lane S.R.N., S.C.M. (to 24.12.57)
Matron, Norman Road Day Nursery ... ..	Miss R. Bomber N.N.E.B. and C.C.R. (from 1.1.57)
Superintendent, "Hillcrest" ...	Mrs. A. Latham (from 4.2.57 to 5.9.57)
Superintendent, "Hillcrest" ...	Mrs. G. A. Baltus (from 1.12.57)
Matron, "Hillcrest" New Home ... ..	Mrs. G. A. Price (from 28.10.57)
Matron, Park Hill ... ..	Miss C. C. Bruxby
Supervisor, Occupation Centre	Mrs. P. E. Fowkes

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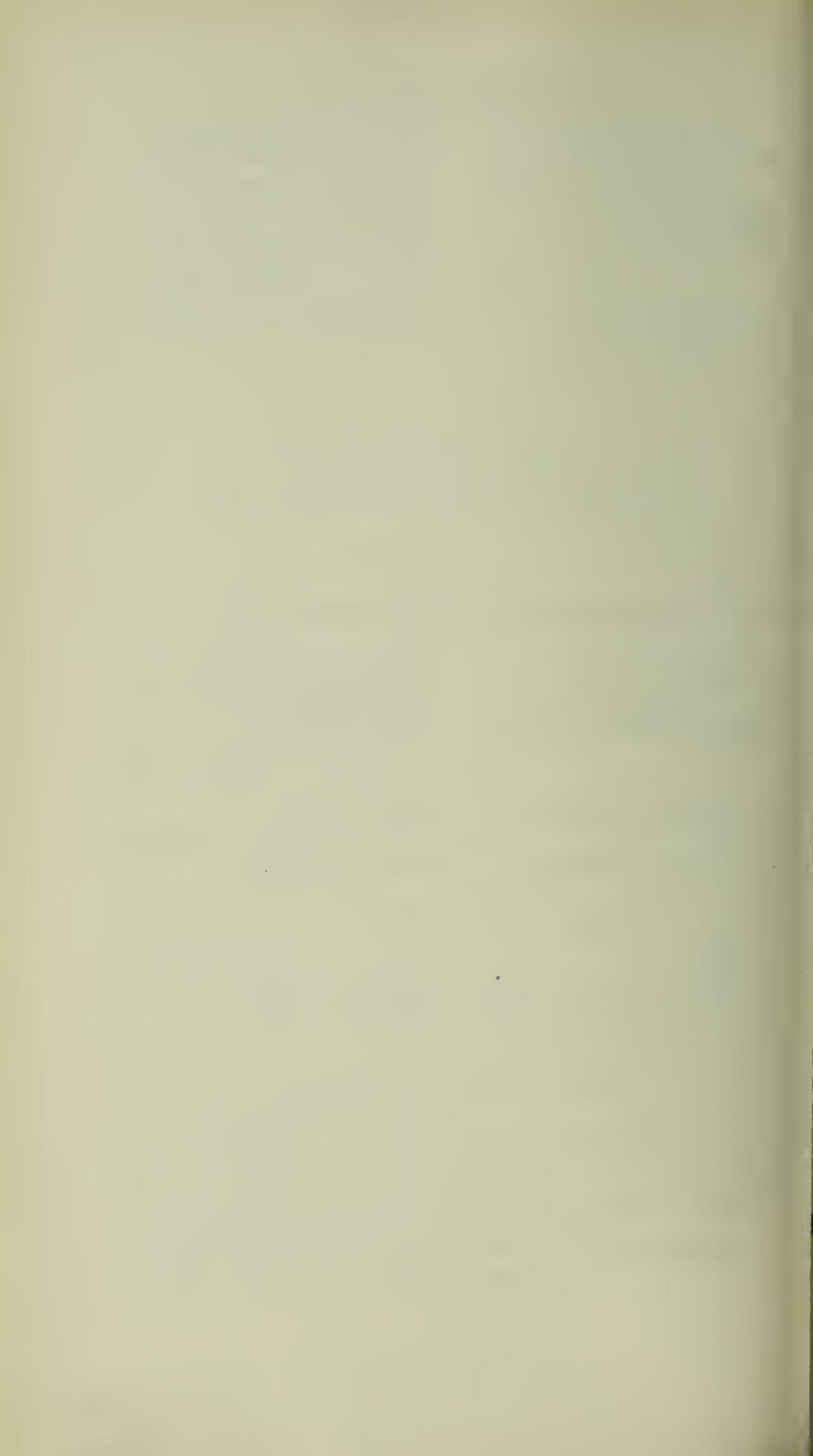
Ambulance Officer: A. F. Beacon

Assistant Ambulance Officer: C. R. Twycross

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Public Analyst: F. G. D. Chalmers, M.A., B.Sc., F.R.I.C.

Additional Public Analyst: C. N. Grange, B.Sc., F.R.I.C.  
(from 10.4.57)





PUBLIC HEALTH DEPARTMENT,  
COUNCIL HOUSE,  
SMETHWICK, 40.

**To the Mayor, Aldermen and Councillors for the  
County Borough of Smethwick**

Mr. Mayor, Ladies and Gentlemen,

I have pleasure in presenting my third Annual Report as Medical Officer of Health and Chief Welfare Officer to the County Borough of Smethwick. The Report has been drafted to meet the requirements of the Ministry of Health Circular 1/58. I am glad to place on record at the outset that in May, 1957, the Public Health Department moved into the newly-built office block at the Council House. Needless to say the new offices are a very great improvement on the old, even though the departmental accommodation will be rather cramped for some years until phases II and III of the new building are completed and we settle into our final quarters which will be all on one floor.

Readers of these documents may recall that my Report for 1956 had in its section on vital statistics a happy tale to tell. New low records were established in several instances and by that I do not mean that the female population of Smethwick had all been slimming! However, the swing of the pendulum is often apparent in comparing statistics of this nature from year to year. An exceptionally good year is followed by one which is less satisfactory; 1957 certainly had a less enviable record than its predecessor. This may be due partly to the fact that there was a very large influenza epidemic in the autumn which undoubtedly played its part in influencing the death rate and certain other statistics.

The population continued its slow decline from 74,370 last year to 73,700 this year, both figures being the Registrar General's estimate for mid-year population. This decline is due almost entirely to the continued migration from the area, caused by the fact that the Corporation has little or no building land left within the Borough, and is still building houses outside the boundary. Fewer births were registered during the year, the figure of 968 was the lowest on record. There was a disturbing rise in the number of stillbirths from 13 to 23. Of this latter figure 15 were due to prematurity. The general death rate showed a slight rise and five

more babies died before reaching their first birthday; this caused the infantile mortality to rise from 20.52 to 26.86/1,000. There was an increase in the number of deaths attributable to pulmonary tuberculosis; this is against the trend which has been apparent in recent years, and its significance must be a matter calling for some thought. On the brighter side I am happy to report that there were no deaths attributable to childbirth during the year. It will be seen therefore that 1957, statistically speaking, was somewhat less satisfactory than 1956, but it must be remembered that the latter was an exceptionally good year. I have every hope that 1958 will show a return to more satisfactory trends.

## LOOKING AFTER MOTHER AND BABY

I am pleased to be able to record that the attendances at Ante-Natal Clinics within the Borough showed a substantial increase when compared with the previous year, being 4,389 as against 3,611. This is because an extra weekly clinic was arranged for the patients being confined in St. Chad's Hospital. This additional session enabled even more detailed ante-natal care to be given to detect the first signs of any incipient toxæmia of pregnancy. During the year we were fortunate in being able to secure the services of a physiotherapist on a part-time basis to take relaxation classes for women who were to be confined in their own homes. It will be recalled that relaxation classes have been in operation for some years for hospital patients and this addition to the service will be most valuable. We again had a very difficult year in maintaining an adequate midwifery staff; for a good part of the year we were one midwife short. In spite of this there was an increase in the number of domiciliary confinements. This serious and recurrent shortage of midwives has from time to time during the last few years threatened the continuance of our domiciliary midwifery service. If only a greater proportion of nurses who take their midwifery qualifications actually stayed to practise midwifery, these staffing difficulties would be at an end; all too often the possession of a midwifery diploma is merely used as a step in the ladder to promotion. I cannot, however, let this point pass without a word of appreciation for the continued good services of our only teaching midwife, Miss King. Perhaps the finest testimonial to her capabilities as a teacher is the fact that so many of the pupils whom she teaches on district do, in fact, go into district midwifery either in Smethwick or elsewhere, after obtaining their second part qualification.

The year saw the final abandonment in Smethwick of the idea for a comprehensive Health Centre as envisaged under the National Health Service Act, 1946. In the original plans for the Holly Lane Clinic land was left vacant for the eventual building of general practitioner surgery accommodation. However, for various reasons the commencement of the building was delayed a number of years and in the meanwhile a more urgent need had arisen, namely to replace the Occupation Centre. As the site earmarked for the latter was found to be inadequate the Committee decided to build the new Occupation Centre alongside the Holly Lane Clinic, so that one boilerhouse could heat both buildings with a consequent saving in capital and running costs. During the last 10 years opinion seems to have moved away from the so-called comprehensive Health Centre, embracing as it was intended the local authority services and general medical and dental facilities. One feels that only in new neighbourhood units where hundreds of houses are being built and where no existing practitioner's surgery covers the new area is there any likelihood of success with the comprehensive Health Centre. Medical opinion has tended to move towards the group practice idea.

Attendances at the Infant Welfare Centres increased by over a thousand, as compared with last year. This represented a reversal of the trend which has been apparent for some years; in fact 85% of all children born in Smethwick attended an Infant Welfare Centre on at least one occasion during their first year of life. This is a very satisfactory figure and once more I should like to say how much we are indebted to the helpful and friendly services given by voluntary workers at all our Infant Welfare Centres. The system for the regular surveillance of the health of toddlers by inviting mothers to bring them up for a medical check-up on their first, second, third and fourth birthdays continued. It is a much appreciated service and in future years it may be necessary to organise special "by appointment only" toddlers clinics for these examinations in order to relieve pressure on the busier infant welfare clinics. In contrast to the popularity of the first three examinations, few mothers brought their children for their fourth birthday examination. This is a pity for on this occasion, in particular, special attention is given to defects of hearing and sight before the child starts school a year later.

Sales of proprietary foods increased during the year, which partially offset the substantial fall in sales of National Dried Milk



after the increase in price in April, 1957. These changes were the cause of some concern in Committee. More use was made of "The Hollies" during the year, there being an average daily attendance of 23.5. In December, however, there was a sharp fall in the average attendance due to the transfer of a number of children to the newly opened Children's Committee home, Lee House. Just before the end of the year the Health Committee decided to offer facilities to other Health and Children's Departments in an endeavour to increase the occupancy of "The Hollies." At this point I would like to express my thanks to the Children's Officer, Miss Abbott, for her interesting report which appears on Page 45, as well as for her continued helpful co-operation throughout the year.

### SCREENING BABIES FOR DEAFNESS

We are now in a position to detect deafness in babies and very young children much more readily than before. By the courtesy of the Medical Officer of Health for Birmingham, our health visiting and medical staffs were able during 1956 to join those of the Birmingham Public Health Department in attending a series of lecture demonstrations by Mrs. Irene Ewing on the technique of the detection of deafness in the very young child. These courses proved to be of absorbing interest and the methods learned by the staff can be carried out in the home or at the Infant Welfare Centre, as they require only a few pieces of the simplest apparatus. During the year the tests have already proved of great value in excluding deafness at a very early age. Where, of course, the results of the tests are indicative of deafness or are in any way equivocal an appointment is made for the child to see the Deputy Medical Officer of Health who makes a more detailed examination and discusses the matter fully with the mother. As a result of these interviews the child may be referred, after consultation with the family doctor, to an ear, nose and throat specialist for treatment or advice about a hearing aid; expert assistance is also given to the mother about the educational future of the child. It is, of course, of paramount importance that deafness should be detected, treated or alleviated at the earliest possible age.

### INFECTIOUS DISEASES

Three infectious diseases might be mentioned when 1957 is considered in retrospect; influenza, measles and tuberculosis. The

pandemic of influenza started in the Far East and spread across the world with incredible rapidity and reached this country in the late summer. The disease was due to a variant of Influenza virus A and was universally known as Asian Influenza. The whole trouble about the influenza virus is that it appears in a slightly different form almost every year so that last year's vaccine is useless and a new one has to be prepared—in itself a fairly easy process—as soon as the new virus has been isolated. It is then difficult to manufacture sufficient of the vaccine to protect more than limited groups in the population. In any event as long as influenza remains a relatively mild disease it is questionable whether mass vaccination is at all justified.

Contrary to expectations, influenza spread widely in the Midlands before the winter, reaching a peak during September and October. This is well shown by the graph of the weekly numbers of new claims for sickness benefit which appears on Page 73. Children were particularly affected, and in many parts of the country school attendance fell to record low levels. In Smethwick at one stage about a third of the school children were absent. On the whole the disease was fairly mild, and gloomier forecasts were not justified by the course of events. The widely anticipated second wave of the disease did not materialise, though there is little doubt that the virus remained in the community over the winter months.

During the year there was also the largest epidemic of measles that has ever been recorded in the Borough. Once more the disease was mild and there were no deaths. There now seems little justification for continuing the notification of measles.

Tuberculosis has been left till last in this section only because it is the subject of a comprehensive and most interesting report by Dr. A. Wilson Russell, which appears on Page 61, and to which I would direct everyone's attention. It might be useful to underline some of the points made by Dr. Russell in his report. There has been a disturbing rise in the number of new cases diagnosed compared with last year, but there has been a further welcome fall in the number of known sputum positive cases in the community. Nearly 20% of the total new cases diagnosed during the year have been found among immigrant population, which is almost double the proportion found in the last two years. The increased incidence among the immigrants in fact almost entirely accounts for the rise in the number of new cases diagnosed in 1957

when compared with the previous year. It should be said that nearly all these immigrants had been living in England for more than three years, though this does not wholly exclude their having been infected abroad and a previously undiagnosed or dormant infection having been lighted up by the unaccustomed conditions in this country. The fact that nearly all the Indian children who have been examined as contacts at the Chest Clinic have been found to be tuberculin positive is not without interest in this connection.

It will be noted from Dr. Russell's remarks that though he is not short of sanatorium beds he is only using 10 beds which are at all near at hand. Naturally, therefore, relatives find it more difficult to visit patients who are under treatment at Kinver or Malvern over a period of months than they did at Holly Lane and Romsley.

## THE ROYAL COMMISSION AND ALL THAT

The year 1957 will be remembered for the publication of the Report of the Royal Commission on the Law Relating to Mental Illness and Mental Deficiency. The Commission's Report has been so generally welcomed that it is certain that the legislation which has been promised will follow more or less closely the recommendations of the Royal Commission. There is little doubt that this will result in a major increase in the Local Authority's responsibilities in the field of Mental Health. There will also be drastic changes in the procedures necessary to secure the admission of patients into mental and mental deficiency hospitals. It might be said in passing that a number of legal definitions which have come to have hurtful associations in the public mind will certainly be abolished, for example, "mental defective," "idiot" and "imbecile." These abolitions will be welcomed, though one of the suggested alternatives—"psychopathic personality"—has itself already been the subject of some criticism.

It is clear that one result of new legislation will be an acceleration of the current trend to discharge from hospital patients who no longer need active treatment, nursing, or custodial care. Very often the only reason why such patients remain in hospital is that they have nowhere else to go; their close relatives may have died and their nieces and nephews may be reluctant or unable to provide a home for them. It is probable that the Local Health Authority will have to provide residential hostel accommodation



for such ex-patients as well as suitable occupations for them. It was partly for this reason that the plans for our new occupation centre were, with Ministry of Health approval, amended to provide up to 100 places and that facilities for simple industrial type occupations for the older men and women are to be incorporated. The provision of hostels especially within the Borough boundary will present a problem of exceptional difficulty, as will the financing of such acquisitions, now that the block grant is in sight.

The supervision of these patients who are already beginning to be discharged from hospitals and institutions will necessitate an augmentation of the mental health staff, and I am happy to record that a first step in this direction was taken in November, 1957, when a Clerk/Duly Authorised Officer (half-time on mental health) was appointed to assist the Mental Health Officer, though even this modest advance was only obtained at the expense of two junior clerical vacancies in the departmental establishment. As it was, after Mr. Foden left and before Mr. Brookes his successor had taken up his duties, there was something of a crisis in the department when the newly appointed Clerk/Duly Authorised Officer went on the sick list, leaving as the sole Duly Authorised Officer in the department the Chief Administrative Assistant, who had only recently been authorised for emergency purposes and was at the time, himself, working without a deputy. Approaches were therefore made to the County Medical Officers of Staffordshire, Worcestershire, and the Medical Officers of Health of Birmingham and West Bromwich, and I am happy to place on record that my neighbouring colleagues very readily placed all possible help at our disposal. A number of officers of these Authorities were temporarily authorised but as things turned out no call had to be made on these emergency provisions, as the sick member of the staff returned to duty sooner than seemed at all likely when he fell ill.

My staff continued to work closely with Dr. Macdonald and his staff at Highcroft Hospital, and it is gratifying to record that the proportion of voluntary patients admitted to that hospital almost doubled when compared with 1956. The 1957 percentage of voluntary admissions was more than six times that of 1955. The out-patient psychiatric clinic, which was opened in July, 1956, at the Firs Clinic, continued to operate successfully throughout 1957. There are weekly afternoon sessions and fortnightly evening sessions, all of which are attended by a consultant psychiatrist, Dr. E. Jacoby. Patients are referred by their general practitioners, the

necessary appointments being arranged by Highcroft Hospital. The clinic is, in effect, a branch of the hospital, the rooms in which it is held are provided by the Health Committee for the convenience of Smethwick residents attending, who are thus spared a tedious journey to Erdington where the hospital's normal out-patient clinics are held. This is a good example of fruitful co-operation between branches of the Health Service for the benefit of the patient.

## DEATH RAYS.

This note is not about science fiction, but about scientific fact. The potential hazards to the population from ionising radiation are of great magnitude and represent by far the most serious threat to the future of public health of this country and indeed the world. In comparison the dangers of air pollution—in the conventional sense—unclean food, bad housing and of infectious disease, pale into relative insignificance. This is not to say that the dangers from radiation are of such alarming proportions today, but they may well become so unless something is done about them.

The dangers are immediate, short term and long term. Immediate dangers to the health and life of populations are in peace time almost entirely confined to the victims of accidental exposure to radiation or fall out resulting from testing of weapons or as a result of a major or minor catastrophe in a nuclear reactor. The short term include harmful effects on the health of the patient or in the case of a pregnant woman, her child, even though the harm may not become apparent until years later. These effects are caused by radioactive elements being absorbed and finding their way for example into the bones and remaining there where the radiations given off may cause malignant changes with the production of leukaemia. The long term dangers are genetic in that all radiation of the sex organs is potentially harmful and may in the long run produce a significant increase in the number of harmful changes which are handed down to future generations.

At the present time, what is the cause of these harmful radiations? Most people would answer this question unhesitatingly by referring to hydrogen bomb tests. As far as we know at present this is by no means the whole answer. The use and abuse of diagnostic radiology may be a far more important cause and is being increasingly recognised as such. Patients are sent for

X-ray examinations to assist in the diagnosis of disease or abnormal conditions or help the doctor to assess progress of treatment and recovery. Many diagnostic X-rays are unnecessary but are forced upon the medical profession by the insistence of the patient or by the fear of litigation if things should go wrong. It is, unfortunately, a fact that if a doctor omits to send for an X-ray a patient who has suffered from some injury, the patient will be in a position to start "one up" on the doctor should anything go wrong and an action for negligence be taken. Thus the prudent practitioner every week sends patients for an X-ray even though he is morally certain after a careful clinical examination that there is not the slightest likelihood of a bone injury.

In the same way time-consuming and costly diagnostic X-ray procedures involving repeated exposures of vital organs are regularly undertaken to exclude ulceration of the stomach and duodenum, kidney and liver disease in patients who obviously need re-housing more than re-X-raying or the exclusion of the in-laws rather than of liver disease. In this way the population receives more and more radiation, much of it to little purpose. During the last year or two it is true that great attention has been devoted to improving the technique of radiology to diminish the dangers to patients and radiographers by the use of better screening and shorter exposures, but nevertheless the ever-growing hazard remains. One useful way to halt this growth might be for a degree of legislative protection to be afforded to the doctor who does not have his patient X-rayed if following an accident there is in his clinical judgment no likelihood of a bone injury. Then if litigation should ensue, the doctor's treatment of the case can be questioned, but the fact that no X-ray was taken would not count as an automatic bonus point for the plaintiff.

## THE COSTS OF PREVENTION AND CURE

It is always interesting to know whether or not we are paying more for our services than the average for County Boroughs in England and Wales as a whole. Glancing down the figures kindly supplied by the Institute of Municipal Treasurers and Accountants for the Local Health Service costs in the years 1956-57, one can see that we are getting many of our services on the cheap. Our Day Nursery, Midwifery, Health Visiting and Home Nursing services all cost substantially less than the



average. We are paying just over £65 per 1,000 of the population for our midwives, compared with over £85 for the average figure. This is mainly because our establishment is none too large and partly because we have difficulty in recruiting midwives. We are only spending £30 per 1,000 population for Health Visitors compared with over £71 on the average. This great difference is entirely because we are unable to recruit anything like our proper number of Health Visitors. In contrast to these figures we find that for the Domestic Help Service we are spending over £203 per 1,000, which is nearly twice as much as the average of £116, and that our cost for each Domestic Help case is £40 18s., compared with an average of £26 7s. The cost of our Occupation Centre is nearly twice the national average, which seems almost incredible at first sight, but it is probably due to the fact that this is a new service which is very much under-provided throughout the country. Another factor may be that we are charging this service too much for the very inadequate premises now being used at the Cape Clinic. These figures give us some idea of the detailed but very insubstantial costs of preventive medicine.

Turning for a moment to curative medicine, how have the costs changed since the inception of the National Health Service? Is the British public taking more medicine or is the habit of going to the doctor for a bottle of medicine in fact dying out? The answer to both questions could be yes, paradoxical though that might appear. In 1949 202 million prescriptions were dispensed at an average cost of 3s.—in 1956 nearly 229 millions were dispensed averaging almost 5s. It does, however, appear that we are not getting the traditional bottle of medicine quite so often from our doctors, because of these prescriptions 34% were mixtures, i.e., bottles of medicine in 1949, but this percentage had dropped to 19.5 in 1956. In place of the mixture there has been a marked increase in the number of proprietary preparations, many but not all of which are in tablet form. The proprietary preparations had risen from 16% of the total in 1949 to no less than 40.5% in 1956. One wonders what proportion of this ocean of medicine is actually consumed. Of course, it always does the patient a great deal of good to get medicine from the doctor, even if he does not take it. He feels re-assured and he is relieved of his hypochondria as he walks home with a package of medicine from the chemist. The main difficulty is that all this medicine costs money. Could the Ministry of Health not arrange for a national loan service for bottles of medicine? When the patient has been given his

prescription, had it dispensed and duly taken it home, where, of course, he derives the benefit without consuming it, he could after a period of 14 days, take it back to the chemist where it could be used again. After this national medicine loan service had been in operation for a few years perhaps even John Bull would begin to realise that all he really needed on most occasions from his doctor was a word of reassurance—otherwise known as psychotherapy. This would probably save a good deal of time and trouble and no end of ball-point refills for the doctors if the patient did not bother to have his bottle of medicine with his cut-price psychotherapy. A real advance will then have been made.

## THE CONTROL OF DUST

This is not about dusters and feather mops, nor yet vacuum cleaners, but it is a convenient way of introducing the subject of the Royal Society of Health Sessional Meeting which was held in Smethwick on 13th November, 1957. Dr. J. A. Scott, Medical Officer of Health to the London County Council, was in the chair, and the audience were fortunate enough to hear four first-class speakers contribute to a symposium on "The Health of the Worker with Reference to the Control of Dust and Other Respiratory Diseases." The first speaker, Mr. W. B. Lawrie, one of Her Majesty's Engineering Inspectors of Factories, dealt with the control of dust hazards. He was followed by Dr. Jeaffreson Lloyd, lecturer in Occupational Health to the University of Birmingham, who spoke on the problem of pneumoconiosis and silicosis. After a discussion on the first two papers, Dr. J. P. W. Hughes, a local industrial medical officer, spoke on "The Worker with Chronic Chest Disease," and the final speaker in the symposium was Dr. C. R. Lowe, lecturer in Social Medicine in the University of Birmingham, who spoke on "Tuberculosis in Industry." The symposium was of an extremely high standard which would have more than graced a national meeting on the subject. A vigorous discussion ensued which had to be curtailed on account of shortage of time. In the afternoon parties of delegates visited local industrial establishments. The whole meeting, I think, was a great success and served to focus interest upon an important aspect in this part of the industrial world. I am leaving the related topic of clean air to be dealt with by the Chief Public Health Inspector, who takes a special interest in this important field of Public Health work.

## CALL FOR AN AMBULANCE

During the year the ambulance service handled 22,240 patients, of which 1,367 were emergencies or maternity cases. It is of interest to note that the radio telephone service installed in the Ambulance Station and six of the ambulance vehicles, and which had its first almost complete year's working in 1957, enabled ambulances to be re-directed in transit on 1,154 occasions to come to the assistance of patients who would otherwise have been delayed. This figure includes 74 emergencies.

## EDUCATION AGAINST ACCIDENTS

If Health Education is to be in any way effective it must be interesting and make the person educated want to know more. The Health Educator starts with quite an advantage, as people generally are in fact interested in their health. The first aim of the teacher is to tempt the people to read or to listen. Once the process is started half the battle is won, for it is perhaps easier to hold the attention of the great British public than to attract it in the first place. The fact that most large circulation women's weekly magazines devote space to chats on health from Doctor Wimpley or Nurse Nightingshade shows that they are satisfied that such contributions are worth their keep, even in these days of intense competition. You will note how the reader's attention is attracted by the small picture showing an anxious but comely young woman (never fat or ugly) consulting a doctor or having a cosy chat with nurse. In addition, these magazines publish from time to time articles on medical topics of current interest, such as poliomyelitis. I have one in front of me now—dealing with questions and answers about vaccination against poliomyelitis. In the top corner there is a large picture of a distinguished looking scientist clad in a surgeon's cap, mask and gown, who is surprisingly enough peering down a microscope which lacks an objective lens. After such an introduction the reader wants to see more—a feeling which must be shared by our absent minded scientist. However, one must not be too critical as the intention is good and the example shows that there is ample public interest in the subject.

A field in health education which is coming more and more to the fore is that of the prevention of home accidents. It has at last been realised there are now more accidents in the homes than



on the roads, though this of course, is not to say that the home is more dangerous than a busy street, for we all spend so much more time at home than we do on the roads. However, accidents in the home are rarely news, perhaps because they happen so often. There are two large groups who are especially vulnerable to home accidents, namely children under five and people of 65 years and over. The latter age group account for more than two-thirds of the accidental deaths; falls account for the biggest proportion of deaths, but increasing attention is being given to the prevention of burns and scalds, to which young children are particularly prone, and which so often cause prolonged illness, suffering and hideous scarring after healing has taken place. Efforts have been made to interest the public in flame-proofed children's clothing, but this, to use an inappropriate phrase, "has not caught on"—in fact, "The Times" reported that on 21st January, 1958, that Birmingham's biggest departmental stores has had flame proofed children's clothing on its shelves for more than two years, but in that time only a negligible amount had been sold. In the fortnight after a T.V. programme which featured these fabrics and emphasised the danger to children of inflammable clothes, only two enquiries were made for flame-proofed clothing. The reasons for this lack of interest in these specially treated fabrics is that they are more expensive, they do not handle well and so far they have given little fashion appeal. During the year a Home Safety Group, consisting of members of the Health Visiting and other Nursing Staffs, and working under the auspices of the Royal Society for the Prevention of Accidents, was formed, and it is hoped that in the near future their activities will be considerably augmented.

## CARE OF THE ELDERLY

The year 1957 was a notable one in the annals of the care of old people in Smethwick, for in December our first purpose-built Old People's Home opened its doors. The new Home was built in the grounds of the existing Old People's Home—"Hillcrest"—because of shortage of other land, and the new Home was designed to cater for old people who cannot get about as well as the normal resident in accommodation provided under Part III of the National Assistance Act. Unfortunately, owing to financial restrictions, it was not possible to incorporate a passenger lift, which is a great pity, for by this halfpenny of tar operation the usefulness of the Home is appreciably diminished in these days of heavy demand on ground floor beds. In an endeavour to minimise the

effects of the loss of the lift we were able to prevail upon the Ministry to allow the retention of the ramp from the first floor to the ground floor. The building had, in fact, been specially sited on falling land to render this provision a simple matter, and by its use a resident can be transported up to the first floor in a wheel chair. The frontispiece of this report was specially taken to show this ramp in use. The ramp is, of course, a poor second best to a lift, but it has already proved its usefulness and it has in addition great value as a first-class fire escape.

The Home itself accommodates 25 residents and great credit is due to the Borough Engineer and his architectural staff for the sensible, straightforward design which provides in conjunction with the homely furnishings a high standard of comfort for the residents in their declining years. A plan of the Home was included in my Annual Report for 1955.

## TO SMOKE OR NOT TO SMOKE

"This will kill you" says the comedian to prepare his audience for his latest not-so-funny story. "This will kill you" says the life and soul of the party offering round his cigarettes. Both these characters cause a laugh—but one is paid to amuse his audience while the other may indeed prove to be a self-appointed executioner if by his example he encourages a youngster to start smoking or to smoke more heavily. For smoking, like all habits, is easier to start than to stop, more than that, as in all addictions, it is very much better not to start at all.

The dangers associated with heavy cigarette smoking are too well authenticated to be ignored, but the public appear to have shrugged off increasingly direct and forceful warnings from the medical profession on the dangers of heavy smoking. In June, the Minister of Health made a statement in the House of Commons on the relationship between tobacco smoking and cancer of the lung. He drew attention to the fact that the Medical Research Council had advised the Government "that the most reasonable interpretation of the very great increase in deaths from cancer of the lung during the last 25 years is that the major part of it is caused by smoking tobacco, particularly heavy cigarette smoking." All these grave warnings do not appear to have affected the public craving for tobacco, and it is clear that a national publicity campaign on a scale bigger even than that used to launch a new

detergent or lipstick is necessary. Further than that, the advertising of cigarettes should be prohibited; after all, it is illegal to advertise a cancer cure, why then should it be legal to advertise a cancer cause?

It is quite unrealistic for the Ministry of Health to suppose that the dangers of cigarette smoking can be brought home to the public in any effective way by passing the buck to the Local Health Authorities. The Government is, of course, in a dilemma on this subject—after all, the tobacco revenue pays for the National Health Service. To suggest that they should spend hundreds of thousands of pounds telling everyone to stop smoking would be killing the goose that lays the golden eggs with a vengeance. Better surely, kill a goose than allow a thousand extra people to die each year from lung cancer in England and Wales alone?

## IN THE FUTURE

Considerable progress was made during 1957 with preparations for the further development of the public health services for the Borough; at the end of the year work was about to commence on the building of a new Occupation Centre and a new Clinic on the Holly Lane site, while plans have been drawn up for the rebuilding of the Ambulance Station. Approval was given in principle for the initiation of a laundry service for soiled linen. This service will, for obvious reasons, have to be confined to patients who are being cared for by the Home Nursing Service and will be of great assistance to households in which an incontinent patient is being cared for. It is hoped to bring the service into operation before the end of 1958.

## IN CONCLUSION

During the year two senior members of the staff left, having secured better appointments elsewhere. Mr. A. D. H. Ridpath, who had been Chief Administrative Assistant for two years, left in September to take up a senior administrative appointment with the Essex County Health Department; while Mr. W. D. F. Foden, who had worked in Smethwick for six years, left in November, having been appointed Mental Health Officer with the Staffordshire County Health Department. We were very sorry to lose both these able officers. I should like to express my sincere thanks to them for their good work in Smethwick and to offer my best

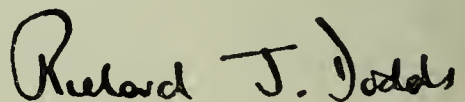
wishes for their future careers. To fill the important vacancies left on the staff I count myself fortunate that Mr. G. Cree was promoted to become Chief Administrative Assistant, while at the end of the year Mr. F. T. Brookes took up his duties as Mental Health Officer to which post he brings a long and useful experience of mental nursing. Mr. G. A. Fox was appointed Deputy Chief Administrative Assistant in place of Mr. Cree, but did not actually take up his duties till New Year's Day, 1958.

We were sorry to say goodbye to Miss C. J. Lane, who was Matron of the "Hollies" until December, and were glad to welcome Miss R. Bomber as Matron of the Day Nursery earlier in the year. There were a number of other changes in the nursing staff, and I should like to express a particular word of appreciation to Miss Wainwright for the excellent work she did during the year in keeping the nursing services running so smoothly in spite of these changes. At "Hillcrest" Mrs. A. Latham was appointed Matron in February and left in September, and Mrs. G. A. Baltus succeeded her in December.

It is again a pleasure to express my thanks to the Chairman and other members of the Health Committee, as well as to the senior officers of the Corporation, for their helpful co-operation throughout 1957. May I thank my own staff very sincerely for all their excellent work during a year which has included the major upheaval of an office removal. My thanks are also due to Mr. Cree, who prepared the draft on which the following pages are very largely based. I am indebted to Mr. Pegler for three graphs and Mr. Fox for one diagram.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

A handwritten signature in dark ink, reading "Richard J. Dodd". The signature is written in a cursive, slightly slanted style. The first letter 'R' is large and loops around. The last letter 's' is a simple, trailing stroke.

Medical Officer of Health.



# Annual Report, 1957

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## GENERAL STATISTICS.

Area: 2,500 acres.

Population: Census, 1951: 76,397.

Estimated pre-war: 78,290.

Estimated civilian population mid-year 1957: 73,700.

Rateable Value: April, 1958: £704,306.

Estimated Product of a Penny Rate: £2,820.

Rates in the £: 19/6 (April, 1958).

Estimated Number of Houses and Shops in the Borough: 21,696.

## EXTRACTS FROM VITAL STATISTICS.

	1957	1956
Live Births: Males ... ..	501	515
Females ... ..	467	508
	<hr/> 968	<hr/> 1,023
Illegitimate Births included in above total ... ..	54	68
Birth-rate per 1,000 population	13.13	13.76
Comparability Factor (Births)	0.95	0.95
Birth-rate as adjusted by Factor	12.47	13.07
Still Births: Males ... ..	9	7
Females ... ..	14	6
	<hr/> 23	<hr/> 13
Illegitimate still births included in above total ...	5	2
Still birth - rate per 1,000 population ... ..	0.31	0.17
Rate per 1,000 total births ...	23.21	12.55

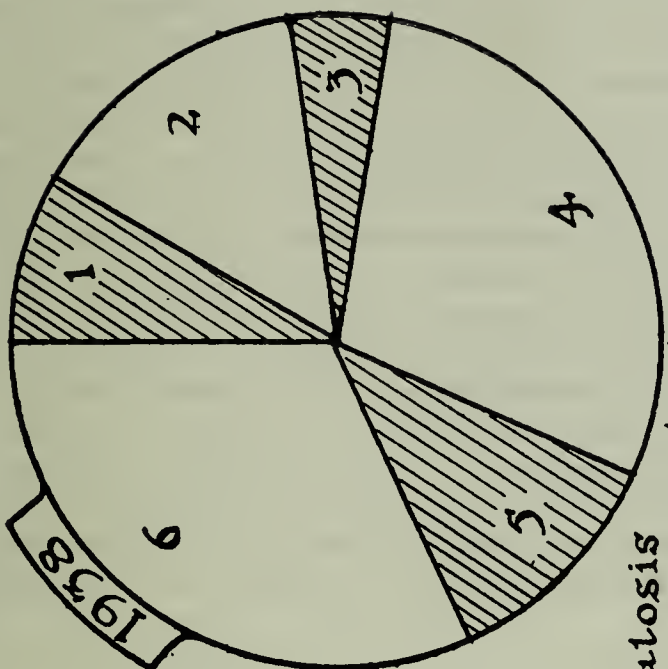
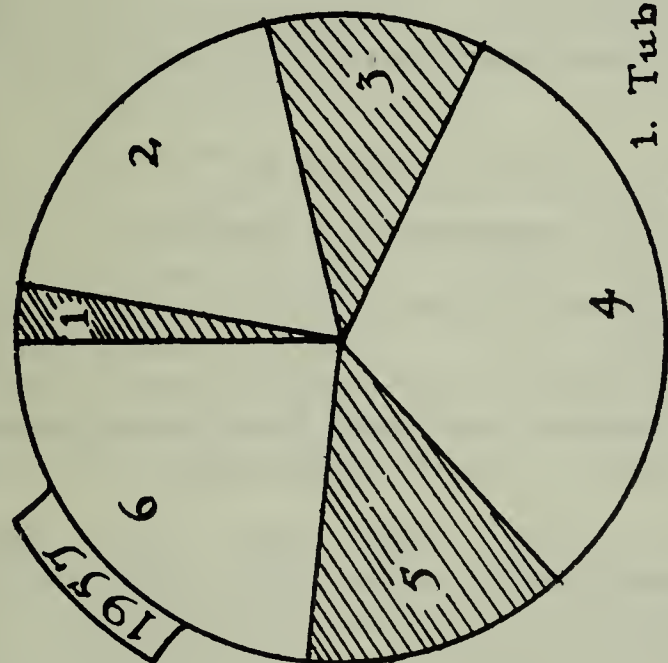
						1957	1956
Deaths:	Males	...	...	...	...	383	395
	Females	...	...	...	...	329	308
						<hr/> 712	<hr/> 703
	Death-rate per 1,000 popula-						
	tion	...	...	...	...	9.66	9.45
	Comparability Factor (Deaths)...					1.15	1.15
	Death-rate as adjusted by Factor					11.11	10.87
Infant Deaths:	Male	...	...	...	...	16	14
	Female	...	...	...	...	10	7
						<hr/> 26	<hr/> 21
Infantile Mortality:							
	Legitimate infants per 1,000 legitimate births					26.26	18.85
	Illegitimate infants per 1,000 illegitimate						
	births	...	...	...	...	37.04	44.12
	All infants	...	...	...	...	26.86	20.53
	Deaths of infants under 4 weeks	...	...			17	15
	Neo-natal mortality rate	...	...	...		17.56	14.66
Perinatal Mortality (i.e., still births+deaths							
during 1st week of life) per 1,000 total							
births	...	...	...	...	...	35.32	26.06
Maternal Mortality:							
	Maternal deaths	...	...	...	...	—	2
	Maternal death-rate per 1,000 total births...					—	1.93

#### PRINCIPAL CAUSES OF DEATH:

				Number of Deaths		Rate per 1,000 population	
				1957	1956	1957	1956
Pulmonary Tuberculosis	...	...		19	14	0.26	0.19
Other forms of Tuberculosis	...			—	—	—	—
Syphilitic disease	...	...		2	—	0.03	—
Cancer—of lung, bronchus	...	...		24	27	0.33	0.36
of other main sites	...			107	120	1.45	1.61
Diabetes	...	...		4	3	0.05	0.04
Vascular lesions nervous system	...			77	77	1.04	1.04
Diseases of the Heart and circulation				227	243	3.08	3.27



# Causes of death in Smethwick



1. Tuberculosis
2. Cancer
3. Vascular lesions
4. Heart diseases
5. Pneumonia, Bronchitis, etc.
6. Other causes

## PRINCIPAL CAUSES OF DEATH (cont.):

					Number of Deaths		Rate per 1,000 population	
					1957	1956	1957	1956
Influenza	...	...	...	...	12	3	0.16	0.04
Pneumonia	...	...	...	...	27	14	0.37	0.19
Bronchitis	...	...	...	...	62	62	0.84	0.83
Other Respiratory Diseases	...			...	6	8	0.08	0.11
Ulcer of Stomach	...	...	...	...	9	15	0.12	0.20
Gastritis, Enteritis and Diarrhoea	...			...	10	3	0.14	0.04
Nephritis and Nephrosis	...	...	...	...	9	6	0.12	0.08
Hyperplasia of prostate	...	...	...	...	5	4	0.07	0.05
Pregnancy, Childbirth, Abortion	...			...	—	2	—	0.03
Congenital malformations	...	...	...	...	13	4	0.18	0.05
Motor Vehicle Accidents	...	...	...	...	11	7	0.15	0.09
Other Accidents	...	...	...	...	16	17	0.22	0.23
Suicide	...	...	...	...	10	8	0.14	0.11
Homicide and operations of war	...			...	2	—	0.03	—
Other defined and ill-defined diseases					60	66	0.81	0.89
					<hr/> 712	<hr/> 703		

The diagrams on Page 27 clearly show how the causes of death in Smethwick have changed in the past 20 years.

## NATIONAL HEALTH SERVICE ACT

### MOTHERS AND CHILDREN

#### NOTIFICATION OF BIRTHS

The numbers of live births and still births notified during the past five years under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, are given below:—

				1953	1954	1955	1956	1957
Live births	...	...	...	1,076	1,006	965	1,023	982
Still births	...	...	...	26	27	18	14	27
				<hr/> 1,102	<hr/> 1,033	<hr/> 983	<hr/> 1,037	<hr/> 1,009

## CARE OF EXPECTANT AND NURSING MOTHERS

There was another noticeable increase in the attendances at the Ante-Natal sessions at the Firs Clinic, 981 expectant mothers making a total of 4,389 attendances. Since the 21st January, 1957, an extra clinic session has been held weekly for the care of women who are confined at St. Chad's Hospital. Three sessions are now held each week, and they are attended by Mr. T. Dougray, the Consultant Obstetrician, St. Chad's Hospital, and members of his staff. Two ante-natal clinic sessions each week are conducted by departmental midwives for women who are to be confined at home. The continued increase in the attendance at ante-natal clinics is very satisfactory, and it is hoped that the trend will continue. Post-natal clinics are held at St. Chad's Hospital, where mothers are examined six weeks after their confinement. Mothers who are confined at home are examined post-natally by the general practitioner who had agreed to provide maternity service. These post-natal examinations are of great importance and the need to attend is stressed to all mothers.

The arrangement was continued whereby Health Visitors call on women who fail to keep ante- and post-natal appointments with their private doctors in an attempt to ensure that future appointments would be kept. This is an excellent example of the co-operation which exists between the general practitioner and the Local Health Authority.

I am happy to record that the Health Committee agreed to the introduction of relaxation classes for mothers being confined at home. These classes commenced on the 20th February, 1957, and expectant mothers are invited to attend them for a period of not less than six weeks commencing as soon as possible after booking their midwife. Two classes are held weekly and though at first mothers showed some reluctance to attend, larger numbers were coming along by the end of the year.

The local branch of the Diocesan Council for Moral Welfare continued its work for unmarried mothers in the borough. A grant of £200 to the funds was made by the Health Committee, which also accepted financial responsibility for the maintenance of six unmarried expectant mothers in hostels and maternity homes outside Smethwick.

## DENTAL TREATMENT

Mr. Hamilton, Principal School Dental Officer, has kindly let me have the following report on the treatment of expectant and nursing mothers and children under five during 1957.

"During the year 1957 the Child Welfare and Maternity Dental Service increased despite the difficult staffing situation.

"The number of mothers treated was slightly less than the previous year. The amount of work completed on those mothers, however, far exceeded that done in 1956, especially in the conservation field, although this could still be improved. The need for evening sessions still exists, and I hope something will be achieved in this connection in the year 1958.

"Forty per cent more pre-school children were treated. I think this is very satisfactory in the present circumstances.

"The Occupation Centre was visited and an inspection was carried out. All forms of treatment are being carried out on the patients of the centre, including fillings. Due to our close proximity to the centre we are able to give a really first-class service to them.

"Our Tuesday afternoon sessions have continued throughout 1957, with, of course, provision being made for emergency work being done as it arises.

"On the whole I feel the year has been a very successful one for the Maternity and Child Welfare services."

The following tables show details of the work which was done in 1957.

(a) Number provided with Dental Care				
Patient	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing Mothers	64	64	63	58
Children under five	215	196	191	187

(b) Forms of Dental Treatment provided

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum Treatment	Silver Nitrate Treatment	Dressings	Radiographs	Dentures provided		Gold Inlays
		Local	General						Complete	Partial	
Expectant and Nursing Mothers	412	39	51	46	5	—	14	9	40	8	2
Children under five	416	2	174	63	—	44	8	1	—	—	—

### DOMICILIARY MIDWIFERY

Difficulty was once again experienced in the recruitment of domiciliary midwives in 1957. Two midwives left in July and another in September. It was only possible to replace two of these, and for a part of the year therefore only six midwives were employed instead of seven. Despite this, there were 460 bookings and 401 deliveries were attended, an increase of nine on the previous year. The staffing position was, however, reflected in the decrease in ante-natal visits.

	1953	1954	1955	1956	1957
Number of bookings...	451	450	415	461	460
Ante-natal visits .....	1,459	1,670	1,366	1,694	1,466
Deliveries attended .....	414	403	380	392	401
Nursing visits .....	9,473	9,579	9,530	10,367	10,489

All members of the midwifery staff are authorised to administer pethidine, which was given in 224 cases. Gas and air analgesia was given in 281 deliveries during the year. The practice of employing a midwife solely for ambulance duty



continued, and each patient admitted to hospital was accompanied by her. The knowledge that she is being accompanied by a qualified midwife helps an expectant mother to relax during this short journey.

During 1957 the demand for beds in the local maternity hospitals continued to exceed the supply. Members of the health visiting staff were asked to supply reports on the home conditions where expectant mothers had asked to be delivered in hospital because of social reasons. Hospital admission in these cases is only recommended when it is felt that confinement at home would be detrimental to the health of the mother and baby or otherwise unreasonable. Extreme difficulties are caused when such applications are received towards the end of pregnancy, and it was only with the full co-operation of the local maternity hospitals and the Birmingham Regional Hospital Board that hospital delivery was made possible in all such cases.

## INFANT WELFARE CENTRES

A total of eight infant welfare sessions continued to be held weekly at the six Welfare Centres maintained by the Authority. During the year the Ministry of Health gave approval to the building of the new Holly Lane Clinic, and in fact, construction on this project began very early in 1958. When mothers attend the centres they are given advice by the Health Visitor, and on the first visit and at intervals thereafter each child is examined by the medical officer in attendance. There was an increase of 1,082 in the total attendances at the infant welfare sessions, and details of attendances during the past five years were as follows:—

		Under 1 year	1-5 years	Total
1953	.....	14,039	5,493	19,532
1954	.....	12,552	5,621	18,173
1955	.....	10,722	4,658	15,380
1956	.....	10,576	3,926	14,502
1957	.....	11,358	4,326	15,684



During 1957, 841 children who were under the age of one year at the date of their first attendance attended a Centre for the first time. This number is 85.6% of the total live births in the borough and is a significant increase over the 1956 figure of 80.6%. In Smethwick we are fortunate to have the services of voluntary workers at the Infant Welfare Centres and these ladies contribute in no small measure to the success of the clinics.

Some general practitioners have continued to hold afternoon surgeries for mothers and young children on their lists. Unfortunately, with the existing shortage of public health nursing staff, no progress can be made towards the desired goal of supplying a health visitor for these sessions and so provide the vital link between the Local Health Authority Services and those given by the general practitioners.

Attendances at Infant Welfare Centres tend to fall off rapidly after the children become one year of age, and in an effort to combat this the system of birthday examinations has continued. Personal invitations are sent when children attain the age of one, two, three and four years. A comparatively large number of defects, most of them requiring to be kept under observation rather than needing treatment, are found at these examinations. It is extremely important to encourage regular medical supervision of children during these years when infectious diseases are common and other ailments are likely to appear for the first time. The response to the personal invitation is quite good for the first three of these annual examinations, but few attend for the fourth—which is a pity, as this is essentially a pre-school examination and is therefore of particular importance. This is clearly indicated in the following table:—

EXAMINATION OF TODDLERS				
	No. of children examined	No. with defects	No. of defects referred:	
			For treatment	For observation
Age one year ...	270	143	18	198
Age two years ...	220	145	19	256
Age three years...	180	113	32	185
Age four years...	28	21	2	37

## EXAMINATION OF TODDLERS (continued):

### Nature of defects found:—

Teeth	...	...	...	...	60
Skin	...	...	...	...	83
Eyes—(a) Vision	...	...	...	5	
(b) Squint	...	...	...	10	
(c) Other	...	...	...	10	
Ears—(a) Hearing	...	...	...	2	
(b) Otitis Media—R	...	...	6		
L	...	...	5		
(c) Other	...	...	2		
Nose or Throat	...	...	57		
Speech	...	...	14		
Enlarged Cervical Glands	...	...	59		
Heart and Circulation	...	...	5		
Lungs	...	...	16		
Development—(a) Hernia	...	...	35		
(b) Other	...	...	83		
Orthopaedic—(a) Posture	...	...	1		
(b) Flat Foot	...	...	89		
(c) Other	...	...	83		
Nervous System—(a) Epilepsy	...	...	2		
(b) Other	...	...	3		
Psychological—(a) Development	...	...	33		
(b) Stability	...	...	14		
Others	...	...	66		
					743

## SUPPLY OF DRIED MILK AND OTHER FOODS

### (a) Proprietary Foods

In all clinics the sale of proprietary brands of Dried Milk increased by 24% over the 1956 sales. 7,121 lbs. of milk were sold in 1957 compared with 5,730 in 1956. Almost the whole of these and other proprietary foods are sold by voluntary workers at the clinics, a very worthwhile contribution to the Health Services in the borough.

### (b) Ministry of Food Welfare Foods

Arrangements for the distribution of Ministry of Food Welfare Foods daily from the Firs Clinic and at other infant welfare sessions continued. Voluntary workers are in charge of the distribution at most clinic sessions and a total number of 76,824 articles were distributed to the public during the year. There was a reduction of 4,605 in the issues of national dried milk which was no doubt due to the increase in price which came into effect in April, 1957. This fall was partially reflected in the increased sales of proprietary branded milk. The total issues of Ministry of Food Welfare Foods during 1957 were as follows:—

#### National Dried Milk:

Full Cream	...	...	...	23,442 tins
Half Cream	...	...	...	923 tins
Orange Juice	...	...	...	44,433 bottles
Cod Liver Oil	...	...	...	5,681 bottles
Vitamin A and D Tablets	...	...	...	2,345 packets

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76,824

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### CARE OF PREMATURE INFANTS

Premature infants born at home were the responsibility of the municipal midwife during the first 14 days of life. Afterwards the welfare and progress of the child was the responsibility of the Health Visitor, for whom the medical and specialist services were available when required.

Local hospitals co-operated with the midwifery service and no difficulty was experienced in securing the immediate admission to hospital of any premature infant born at home. Two sets of equipment to facilitate the conveyance of premature infants to hospitals are kept for immediate use at the Ambulance Station. During the year mothers normally resident in the borough gave birth to 91 babies who weighed  $5\frac{1}{2}$  lbs. or less at birth. No less than 38 of these were born at home, of whom 29 were nursed entirely at home, more than double the number in the previous year. 53 were born in hospital. A disturbing feature was the fact that 15 premature stillbirths were notified, four of which occurred at home and 11 in hospital. Details are given in the table following of premature births during the year at home and in hospital:—

Weight at birth	Premature Live Births									Premature Still-Births		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days			
3 lb. 4 oz. or less (1,500 gms. or less) ...	3	2	—	1	—	—	4	1	2	7	3	—
Over 3 lb. 4 oz. up to and including 4 lb. 6 oz. (1,500-2,000 gms.) ...	11	—	11	—	—	—	1	—	1	—	—	—
Over 4 lb. 6 oz. up to and including 4 lb. 15 oz. (2,000-2,250 gms.) ...	11	—	10	4	—	4	3	—	2	1	—	—
Over 4 lb. 15 oz. up to and including 5 lb. 8 oz. (2,250-2,500 gms.) ...	28	1	26	24	—	23	1	—	—	3	1	—
Totals ...	53	3	47	29	—	27	9	1	5	11	4	—

## DAY NURSERY

Norman Road Day Nursery has accommodation for 35 children, and throughout the year the admission of any child in the priority classes was arranged almost immediately. A number of applications for accommodation were made in respect of other children, and when places were available admissions were arranged in cases where it was considered to be in the best interests of the children. The total attendances during 1957 were 5,796, a decrease of 493 on the previous year. The five priority classes for admission are as follows:—

- (1) Where there is no father, and the mother must work to support her children.



- (2) Where the father or mother of the child is seriously ill and confined to bed, either temporarily or permanently, at home or in hospital.
- (3) Where the mother is expecting another child and is due to go into hospital. Consideration is also given to temporary admission of children if the mother is to be confined in her own home.
- (4) Where the housing conditions of the family are so bad that normal life is impossible.
- (5) Where the mother finds that she must work to supplement the father's wages.

### **HEALTH VISITING**

The policy in Smethwick is to employ Health Visitors as all-purpose visitors covering the Local Health Authority Services and the School Health Service. The aim is to provide a continuity of service from the time the child is fourteen days old, through childhood and adolescence, during child bearing and later in old age. Health Visitors undergo a comprehensive training course which enables them to give advice on problems arising at any age and because of their work in all fields they gain the confidence of the public. In recent years the work of Health Visitors among the aged and the mentally ill has increased and further expansion is only limited by the continued shortage of staff.

Only one application was received for a Scholarship to the Health Visitors' Training Course during the year. This was from one of our municipal midwives, and she commenced the nine months' course in September, 1957. Two Health Visitors left, but the staffing position was eased by the appointment of one full-time and two part-time Health Visitors in addition to one who completed her training in July. At the end of 1957 one part-time and 10 whole-time Health Visitors were employed, and they are under the direct supervision of the Superintendent Nursing Officer. Health Visitors who use their own cars on duty are paid "casual user" allowances, and this additional mobility is a great help in overcoming difficulties caused by the shortage of staff. Two additional clinic nurses were appointed during the year and this relieved the Health Visitors of some clinical duties and enabled them to devote more time to other aspects of their work.

The co-operation between the general practitioner, the Health Visitor and the Home Nurse is essential for an efficient service, and every effort is made to ensure that this is maintained at a personal level.

Details of visits made by Health Visitors during the past five years are shown below. It is particularly pleasing to note an increase of 1,186 visits over the 1956 figure.

	1953	1954	1955	1956	1957
To Expectant Mothers:					
First Visits ...	78	278	314	332	274
Total Visits ...	127	453	505	520	473
To Children under one year of age:					
First Visits ...	1,055	985	942	958	969
Other Visits ...	3,842	6,124	6,102	5,031	5,513
To Children aged one to five years:					
Total Visits ...	5,109	11,530	10,678	7,392	7,931
To Other Classes:					
Total Visits ...	1,868	3,531	4,543	3,411	3,623

## CHILDREN'S WELFARE COMMITTEE

This co-ordinating Committee which was set up to implement the recommendations of Ministry of Health Circular 27/54, continued to meet bi-monthly throughout the year to review the care of children of problem families in the area. Officers from the National Assistance Board, the Probation Office, the Health, Education, Children's, and Estates Departments, together with representatives from the N.S.P.C.C. and the W.V.S. attended the meetings. The confidential discussions are very helpful in determining the best course of action in each case, and also in reducing the number of visitors to the families. With the full co-operation of each department and organisation represented, it was possible to raise the standard of many families during 1957, with the result that 16 were removed from the register.

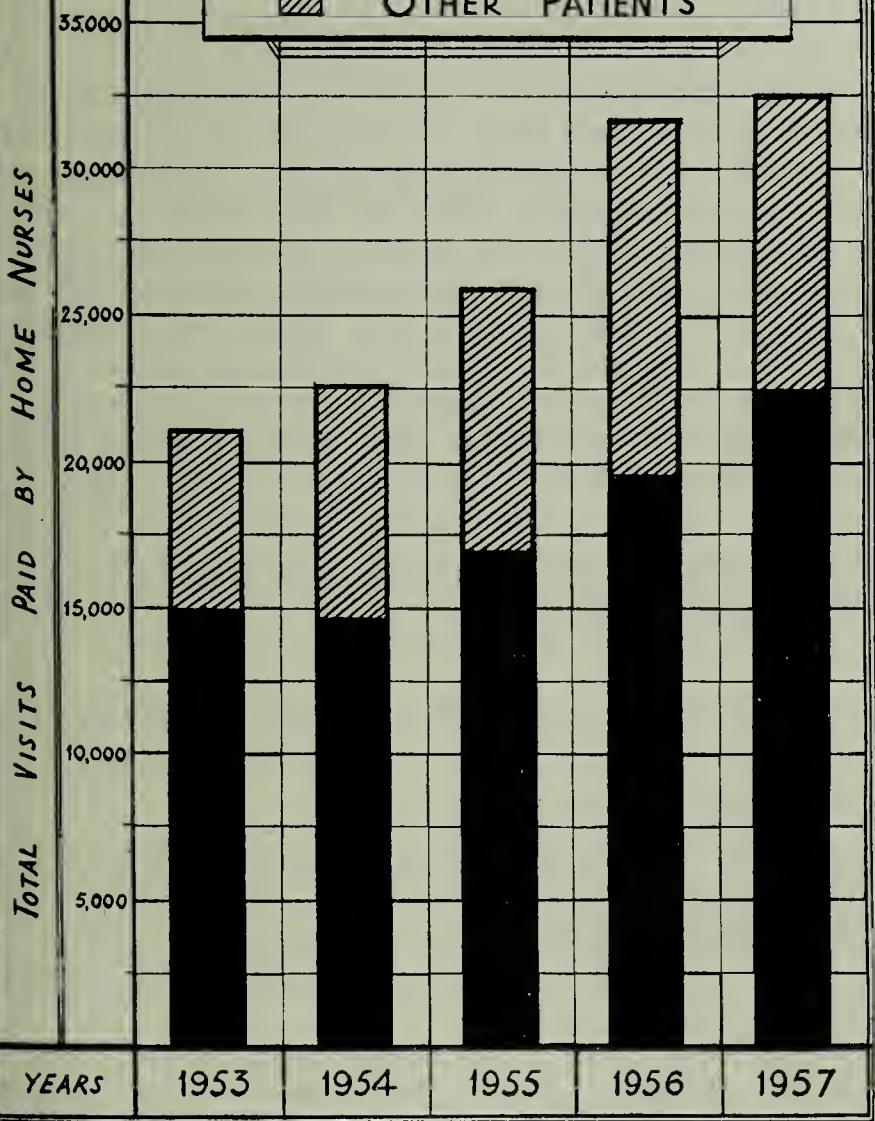
## HOME NURSING SERVICE

Fewer new patients were treated by Home Nurses during 1957, but the number of visits made by the nurses increased to a total of 32,526 compared with 31,577 in 1956. In all 938 cases were attended by home nurses during the year and 555 patients were 65 years of age or over at the time of the first visit during the year.

# HOME NURSING SERVICE

TOTAL NUMBER OF VISITS PAID BY HOME NURSES

■ PATIENTS AGED 65 & OVER  
▨ OTHER PATIENTS



In the past five years the average number of visits each year to patients who are aged 65 years or over has increased from 29 to 41. Many of these patients are visited weekly to be given a mercurial diuretic injection and this, together with the nursing care which home nurses give to older patients, is aimed at keeping them comfortable at home. Where possible patients are encouraged to remain ambulant, but when this is not possible the aim of the service is to make them comfortable in bed. The Home Nursing Service, together with the Domestic Help, Health Visiting and Welfare Services, helps the old people to live in relative comfort in familiar surroundings for as long as possible, but as mentioned in my last report an excessive concentration of local health authority domiciliary services is not necessarily cheaper than the cost of an institutional place. To keep most old people at home it is essential that they should remain ambulant, and in many cases this is a major operation. Often two home nurses are required to get a patient out of bed and dressed; a home help must clean the house and prepare all meals for the patient; two nurses may then have to call to put the patient to bed. Clearly with the resources available at present only a limited number of patients can be assisted in this way, and a considerable increase in the establishment, particularly of domestic helps, would be needed to keep more old people at home.

The following table shows details of the actual work carried out during the past five years:—

	1953	1954	1955	1956	1957
New Patients ...	864	921	919	854	762
Recovered or transferred to hospital ...	698	747	739	618	612
Died ...	139	164	148	150	121
Remaining at end of year ...	128	138	170	186	214
Visits paid during year ...	21,145	22,551	25,831	31,577	32,526

Requests for the home nursing service are generally made by general practitioners or hospitals, and the following table gives some idea of the type of cases attended:—



			1953	1954	1955	1956	1957
Medical	...	...	810	836	841	813	788
Surgical	...	...	112	103	172	174	130
Tuberculosis	...	...	21	38	38	27	26
Maternal complica-							
tions	...	...	2	1	5	7	4
Infectious diseases	...	...	—	—	1	3	—
Others	...	...	20	71	—	—	—
			<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
			965	1,049	1,057	1,024	948
			<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

## PROTECTION AGAINST INFECTIOUS DISEASE

### VACCINATION AGAINST SMALLPOX

Children may be vaccinated by private practitioners or at any Infant Welfare Session, and in 1957 473 infants were vaccinated. This number is about 49% of the live births during the year. The figure shows a slight increase over that for 1956, but cannot be viewed with any degree of complacency particularly in view of the occasional case of smallpox occurring in the community, and efforts will continue to be made with a view to increasing the number of children vaccinated. The importance of vaccination continues to be stressed upon parents of newly-born infants by the Health Visitors, and posters are displayed at Infant Welfare Centres and in the surgeries of general practitioners.

### VACCINATION (IMMUNISATION) AGAINST DIPHTHERIA AND WHOOPING COUGH

Over the past 20 years the incidence of diphtheria has steadily declined, the favourable trend being due to the immunisation of children at an early age. All the forces of the Health Educational field are used to encourage parents to have their children immunised against diphtheria and whooping cough.

During 1957, 813 children were given a primary course of diphtheria immunisation and 698 received reinforcing doses. The Ministry of Health Immunity Index, which shows the proportion of children in specified age groups who have been immunised during the preceding five years, indicates that in Smethwick the 1957 Index figure for children under five years was 52%.

Immunisation against diphtheria and whooping cough is usually given together in a single course of injections of combined antigen. During the year 708 children were given primary protection against whooping cough, all except two having the combined diphtheria/whooping cough injections.

## VACCINATION AGAINST POLIOMYELITIS

Only very small supplies of anti-poliomyelitis vaccine were available during the year and these were used to vaccinate 172 children between the ages of 2 and 9 who had previously been registered with the Ministry of Health. Towards the end of the year the Ministry decided to supplement supplies of British vaccine with Salk type vaccine manufactured in Canada and America, and the scheme was extended to include children up to the age of 15 and expectant mothers, in addition to general practitioners and ambulance staff as well as their respective families. Those registering were asked to indicate whether they wished to have British or Salk type vaccine, but it was pointed out that there might be a long wait for the British vaccine. The new offer was given the widest possible publicity locally and brought in a great number of applications. At the end of the year a total of almost 9,000 children and adults were awaiting vaccination against poliomyelitis.

## AMBULANCE SERVICE

The service is manned by paid staff from 6.30 a.m. to 7.30 p.m., Mondays to Fridays, from 6.30 a.m. to 2.30 p.m. on Saturdays, and at all other times by voluntary staff provided by the British Red Cross and St. John Ambulance Brigade organisations.

The following vehicles were in use at the end of the year:—

Make	H.P.	Type		Year
Austin	16	Sitting case car	3 seats	1949
Austin	16	Welfarer Ambulance	2 stretchers	1949
Daimler	27	D.C. 27 Ambulance	2 stretchers	1949
Daimler	27	D.C. 27 Ambulance	2 stretchers	1950
Morris	28.8	N.V.S. Ambulance	2 stretchers	1952
Morris	16	L.C.5 Ambulance	2 stretchers	1954
Morris	16	L.C.5 Ambulance	2 stretchers	1955
Morris	14	Sitting case		
		Ambulance	12 seats	1954
Morris	16	L.D.1 Dual-purpose		
		Ambulance	1 stretcher/5 seats	1956

In addition a Morris 5 cwt. van is available for maintenance purposes.

Radio control equipment is now installed at the Ambulance Station and in six vehicles. It was first used on the 24th January, 1957, and has resulted in great improvements in the operational efficiency of the service. Each of these vehicles can now be contacted and given instructions at any time, and the following incident, which is only one of many, clearly indicates the new high standard of efficiency which is now provided. A doctor telephoned the Ambulance Station regarding the emergency admission of a patient of his to St. Chad's Hospital. His call was received at 11.32 a.m. and an ambulance was immediately contacted by radio telephone as it was entering Smethwick from Birmingham. The ambulance radioed at 11.40 a.m. that the patient, a stretcher case, was in the ambulance which was then starting the journey to St. Chad's Hospital, only eight minutes after the receipt of the doctor's request.

The following table gives details of the work of the Ambulance Service during 1957:—

	Sitting Case Cars	Ambu- lances	Total 1957	Total 1956
Number of journeys ...	961	7,172	8,133	7,836
Patients carried ...	3,530	18,810	22,340	22,986
Miles travelled ...	10,952	72,202	83,154	85,163
Motor spirit consumed (gallons) ...	657	5,524	6,181	6,496

### **“THE HOLLIES” CHILDREN’S HOME**

There were no great staffing difficulties at “The Hollies” during 1957 and consequently it was possible to make increased use of the Home. The number of patient days increased from 7,529 in 1956 to 8,529 in 1957, the daily average attendance rising from 20.5 to 23.3. The trend mentioned in my last report continued and a greater number of cases were referred by the Children’s Department. Towards the end of the year, however, fewer of these cases remained in the Home following the opening of Lee House Children’s Home. School children in need of convalescent treatment formed the bulk of other cases admitted to the Home, and as a further reminder of the disappearing need

to cater for the rheumatic and malnourished child—for whom the Home was originally planned—no child suffering from rheumatism was admitted in 1957 and only one suffering from malnutrition. During the year only six children at the Home were the responsibility of the Health Committee.

At the end of the year only 11 children remained at “The Hollies,” and neighbouring authorities were offered facilities at the Home in an effort to increase this number. Details of children accommodated during 1957 are as follows:—

### “THE HOLLIES”

		In- Patients 1.1.57	Admitted		Discharged		Re- main- ing 31.12.57
			Under School Age	School Age	Under School Age	School Age	
Asthma	...	—	—	2	—	2	—
Behaviour							
problems	...	—	—	1	—	1	—
Bronchitis	...	1	—	—	—	1	—
Congenital							
heart	...	—	—	1	—	1	—
Convalescence	...	4	—	—	1	3	—
Debility	...	5	—	1	—	6	—
Enuresis	...	1	—	3	—	4	—
Feeding							
problems	...	—	1	—	1	—	—
Maladjusted	...	—	1	1	1	1	—
Malnutrition	...	—	1	—	1	—	—
Otorrhoea	...	—	—	1	—	1	—
Pre-Tuberculous	...	1	—	3	—	2	2
Unbalanced Diet	...	—	2	—	2	—	—
Underweight	...	—	—	1	—	1	—
Cases admitted							
on behalf of:							
Children's							
Committee	...	8	34	9	29	14	8
Other							
Authorities	...	2	—	—	—	1	1
		—	—	—	—	—	—
		22	39	23	35	38	11
		—	—	—	—	—	—



## CARE OF CHILDREN

I am extremely grateful for the help and co-operation throughout the year which has been given by Miss Abbott, the Children's Officer, who has very kindly let me have the following report on the work of her Department:—

“During the year 1957, for various reasons, 107 children were received into care by the Children's Committee, i.e.:—

Because of illness of parents . . . . .	58
homelessness of family . . . . .	36
desertion by mother . . . . .	10
needing care and protection... . .	2
death of parents . . . . .	1
	<hr/>
	107
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“Every application for care was carefully investigated. In several cases it was found that tension between relations, who had for many years been living together, had finally led to a breakdown, with consequent threat of eviction. Some such problems were solved by bringing the persons concerned to a realisation of what it would mean for the children if consequently they had to be received into care—their bewildering break with their parents, the shattering of their infant security.

“In one instance a mother left her husband and five children owing to unsatisfactory relationships between herself and her husband. The assistance of the Health Visitor, who was also conversant with the home circumstances, was sought, and eventually, after a considerable number of enquiries, the mother was traced and she was persuaded to return home. She was reconciled with her husband and is now accepting her full responsibilities in the home and caring for her children in a manner which could not be substituted by any form of care offered by other people, however kindly they might be.

“In another instance a mother and her two children were found to be residing in Smethwick under extremely unsatisfactory conditions; with the assistance of the National Society for the

Prevention of Cruelty to Children, Health Visitors, and a Birmingham Psychiatric Social Worker, and after a considerable amount of investigation, it was discovered that she had, in fact, a house of her own in another area which was completely furnished. Arrangements were made for the mother and her children, complete with the bedding and other equipment which she had with her, to return to her former address.

“Altogether 61 children were kept out of care by means of co-operation with other Council departments, the National Assistance Board, the National Society for the Prevention of Cruelty to Children, the welfare sections of industrial firms and neighbouring Children’s Departments. By weekly visits and very firm guidance over financial matters three homes have been held together and 18 children saved the sad experience of family break-up. In one such case this work has been carried on successfully now for over five years.

“Co-operation with the parents for the welfare of the children is one of the most important parts of the work of the Children’s Department. The improvement in their health, appearance and general outlook on life is most noticeable when they have been helped. A mother, for example, who had left her husband and children on previous occasions, but subsequently returned, was enabled to have convalescent treatment, leaving the children in care, and now has settled down at home much more happily.

“The number of children either returning to their parents or passing out of care for other reasons was exceptional during the past year, i.e.:—

- 89 were returned to their parents.
- 11 were placed for adoption.
- 10 reached the age of 18 years.
- 7 were re-housed with their families.
- 3 returned to relatives.
- 3 were allowed by the Committee to pass out of care.

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123

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“This left 101 children in care by December, 1957.

“‘Returned to their parents’ does not mean simply that the parents came to the office asking for the children, and had them back. Reconciliation of parents, reconciliation of children to their parents, help where possible with essential furniture and even arranging with another authority for the redecoration of a house, are but a few of the problems involved. ‘Returned to relations’ briefly summarises tactful negotiations between mother and aunts and acting as a third party in the financial provision for the children. The children ‘rehoused’ with their parents included two boys who had been in care for nine years, and five children for five years.

“If children cannot return to their parents, adoption offers them the best security. However, the best is not easily secured, and qualities of courage and faith are often needed in would-be adopters. One little girl could not have found the happiness of a real home of her own had not the adopters been willing to have her boarded-out with them whilst the very irresponsible mother’s consent was being obtained. They had to run the risk of her refusal, yet without the assurance that the child was happily placed, the mother would not consent. They were amply rewarded and all went well.

“Temporary care was given to 95 children and the assistance of the Health Committee in admitting 49 of these children to “The Hollies” is very much appreciated.

“Sixty-four children remained boarded-out at the end of the year. A second best to adoption for children permanently in care, boarding-out continues to be pursued vigorously. Foster-parents are given all the support possible and new homes are constantly being sought. The introduction of the child to the foster-home has to be done with great care. The most successful way is to let the child board himself out! This was done recently; the boy’s school friend, who fortunately was the foster-parents’ son, introduced him into his home, had him to tea, and took him camping. The official business was kept completely in the background until the boy himself said he wanted to live with his friend.

“The children boarded-out are making very good progress. Three of them are now attending Grammar Schools. Two boys

have attended courses at the Outward Bound School; a boy is doing well on the 'Arethusa' Training Ship, and a girl is just finishing a course at the National Institute of Houseworkers, Harrow.

"As must be expected, some children, deprived as they are of that steady secure support given by good parents, prove to be extremely difficult to bring up, in care. It is heartening to record that seven such children are now, in their twenties, making good. Four boys have gained self respect and a pride of achievement in the Forces, and three girls are happily married with their own little families.

"With reference to older children with special difficulties still in care, three girls are making very good progress at Training Homes, and one working boy is living at a Toc H Hostel, where he receives expert advice and guidance.

"Since the responsibility for after-care supervision has been undertaken by the Children's Committee, many boys who have been licensed from Approved Schools have completed their periods of supervision with very satisfactory results. The inevitable has to be accepted that one or two of them unfortunately do not benefit from the training which they are given at an Approved School, and two such boys have now been committed for Borstal training.

"During 1957 an average number of 14 boys were supervised. Several who have completed their supervision satisfactorily are now happily married and have been able to provide themselves and their families with a very comfortable home. The boy who is willing to help himself usually produces results of which any boy may be proud.

"With reference to this side of our work, we would like to thank the Probation Staff for their ready help and co-operation.

"Some children cannot be boarded-out because they will be returning eventually to their parents. Foster-parents, on the whole, are unwilling to have little ones, get very fond of them, and then have to return them to their parents. Consequently, these children are cared for in the Committee's two Homes, 'The Towers,' Handsworth, and 'Lee House,' Bearwood. The other children in



the Homes are waiting to be boarded out. Firstly, when they have gained sufficient stability to be able to accept the change happily, and secondly when specially understanding foster parents can be found.

“‘The Towers’ family has been on an average 11 children. Younger children than formerly happen to be there, the age range being from three to 11. They thrive in a happy, homely atmosphere. Arrangements are always made for two weeks’ holiday for the children, and in 1957 they all went to Llanarth, in Cardiganshire.

“‘Lee House,’ named after Alderman Mrs. Lee, who has been the Chairman of the Children’s Committee since 1948, was opened by the Mayor on 25th July, 1957. The house, in Bearwood Road, has proved to be very suitable. The establishment of this second Home has enabled the Committee to care for their children in their own Homes without having to send them to neighbouring authorities, as formerly.

“An average of 11 children have settled in very happily at ‘Lee House.’ The children, guided by the house-parents, enter into the normal life of the neighbourhood. Their holiday in 1957 was spent with the children from ‘The Towers’ at Llanarth.

“The unfailing support and understanding of the Chairman and members of the Children’s Committee, together with the willing co-operation of the staff of the department, and our fellow Local Government officers, in dealing with the many difficult problems which have to be encountered, are very greatly appreciated.”

M. J. ABBOTT.

## CHIROPODY SERVICE

This comprehensive service, which is available free of charge to all Smethwick residents, continued throughout the year. The staff is strictly limited to two full-time officers, and difficulties are experienced if either is off duty because of illness. During 1957, 1,511 individual patients attended the clinic, of which 19 were school children and one a pre-school child. Of the remainder, 1,273 were women and 217 men.

There was a slight decrease in the total attendances at the clinic compared with 1956, and details over the past five years are given below:—

	1953	1954	1955	1956	1957
Children under five years					
of age     ...     ...	13	11	7	9	6
Children of school age ...	204	165	87	50	53
Expectant and Nursing					
Mothers     ...     ...	4	3	1	1	4
Other patients:					
Male     ...     ...     ...	1,231	1,357	1,232	1,246	1,257
Female     ...     ...	8,413	9,149	8,244	8,456	8,272
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	9,865	10,685	9,571	9,762	9,592
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## HOME CHIROPODY SERVICE

The Chiropodists made 390 visits to patients in their own homes during 1957, an increase of 12 over the previous year. The demand for this service is increasing and applications are constantly being received for elderly, infirm and disabled patients to be treated at home. Each application is carefully checked and in most cases the patient is visited at home by a health visitor. The service is greatly appreciated by those who find it impossible to make their way to the Cape Clinic.

## CONVALESCENT CARE

Recuperative convalescent treatment was provided for 41 patients on the recommendation of the hospital or family doctors. These patients went to eight Convalescent Homes and the normal period of stay was two weeks. Patients are assessed according to their ability to pay for Convalescent Home charges, and the rail or bus fare to and from the Home may now be included in the total amount subject to assessment so that no needy case is deterred from accepting treatment because of financial reasons.

## LOAN OF SICK ROOM EQUIPMENT

As in the past medical loan equipment was available on the recommendation of general practitioners and hospital doctors and issues were made from the one main depot at the Edward

Cheshire Nurses' Home, 2, Bearwood Road. No hire charge is made for equipment, a nominal deposit only being required which is refunded when articles which have been borrowed are returned in good order. No deposit is required on equipment for old age pensioners. During the year a total of 513 articles were issued, details of which are given below:—

Air Rings ... ..	33
Bed Pans ... ..	135
Bed Rests ... ..	52
Bedsteads ... ..	8
Commodes ... ..	15
Drawsheets ... ..	14
Mackintosh Sheeting ... ..	96
Urinals ... ..	54
Wheelchairs ... ..	40
Miscellaneous articles ... ..	66
	<hr/>
	513
	<hr/>

## SMOKING AND LUNG CANCER

The Report of the Medical Research Council on smoking and cancer of the lung stated that there are the strongest reasons to believe that smokers, particularly heavy smokers, run a greater risk of lung cancer than non-smokers. Following consideration of this report by the Health Committee, it was decided that local publicity should be given to the dangers of smoking. Posters were displayed in libraries, cinemas, infant welfare centres and on public notice boards; leaflets, bookmarks and blotters were distributed to members of the public; suitably designed pamphlets were handed to older school children; advertisements were displayed in the Press, who also co-operated with appropriate editorial and other comments.

Much remains to be done in this field, and at present the danger would seem to be that instead of the development of a continuing intensive campaign against smoking, the Medical Research Council's report will gradually become buried under mounds of cigarette ash.

## B.C.G. VACCINATION OF SCHOOL CHILDREN

At the beginning of the year the parents of all 13-year-old school children were offered the opportunity of having their children in this age group protected, if necessary, against tuberculosis by the use of B.C.G. vaccination. There was a very good response; parental consent was obtained in respect of 845 children and after the elimination of contacts of tuberculosis, who were dealt with separately, 829 children were skin tested to find out whether they had already developed any resistance to the disease. Only those children without any useful resistance—numbering 727—received B.C.G. inoculations. It is proposed in future to offer B.C.G. vaccination each year to school children who are then 13 years of age, so that eventually every child will have been given the opportunity of protection before leaving school.

## DOMESTIC HELP

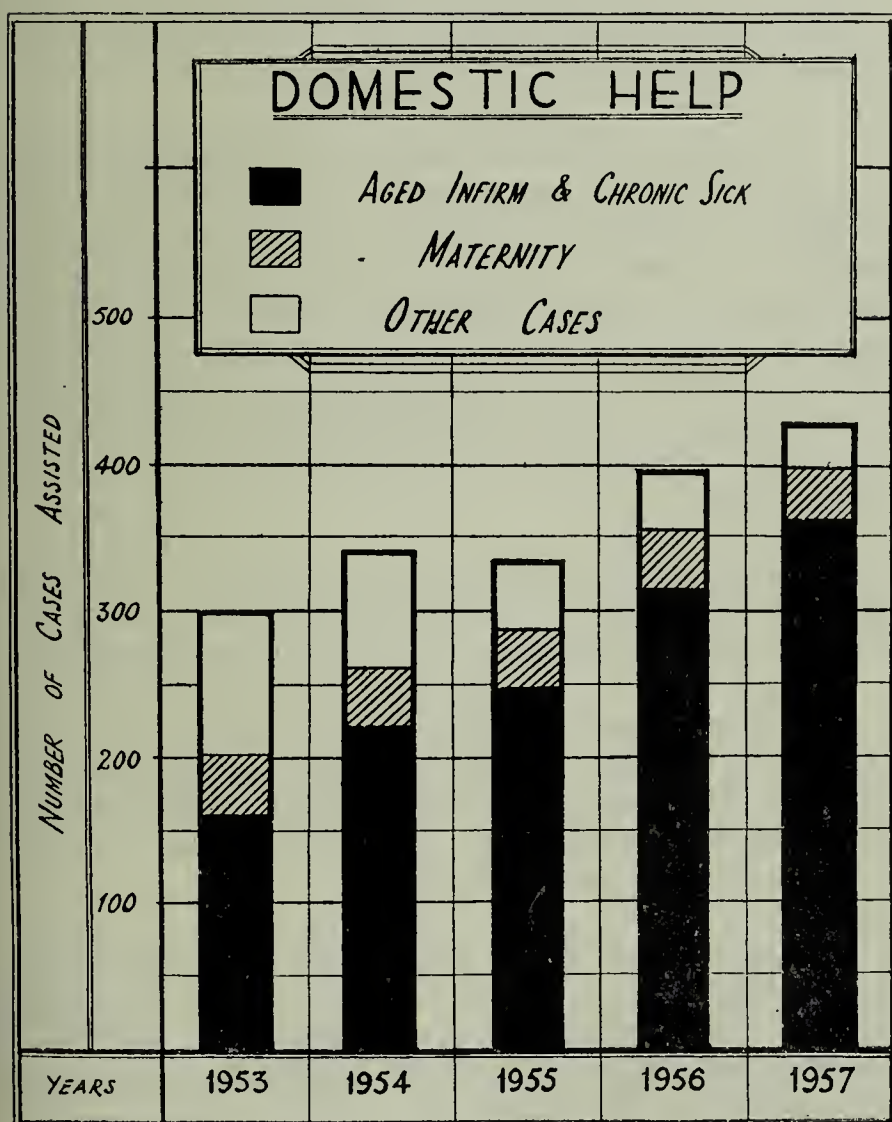
The demand for domestic help continued to increase and during the year a total of 425 patients were given assistance, 360 of these being aged and infirm. The Home Nursing Supervisor also held the post of Supervisor of Domestic Helps and because of the continued growth of the Domestic Help Service it was decided that a new post of Domestic Help Organiser should be created. This officer was appointed on 1st September, 1957, to work under the general supervision of Miss High. The Domestic Help Organiser now undertakes all the visiting for the service and is responsible for planning the work of the Domestic Helps. She has to ensure that all the workers, 26 full-time and 53 part-time, are deployed to the best advantage, and that no needy patient goes without help.

Many of the aged and infirm patients are housebound and without friends or relatives. They are dependent upon the Domestic Help for food and shopping, and because of this difficulties arise when helps are absent from work because of sickness or other reasons. There are no difficulties in the recruitment of staff at present. In fact a waiting list of applications for domestic help work is held in my department, and the continued expansion of the service is therefore only limited by the financial provision.

The number of maternity cases assisted during 1957 was 37, a slight decrease compared with the previous year. Details of the cases assisted during the past five years are as follows:—



			1953	1954	1955	1956	1957
Maternity (including expectant mothers) .			42	40	40	40	37
Tuberculosis ... ..			1	1	1	2	1
Chronic Sick ... ..			161	220	247	313	360
Others ... ..			96	80	45	40	27
			<hr/> 300 <hr/>	<hr/> 341 <hr/>	<hr/> 333 <hr/>	<hr/> 395 <hr/>	<hr/> 425 <hr/>



## MENTAL HEALTH

### THE CARE AND AFTER-CARE OF MENTAL ILLNESS

Close liaison with the mental hospital was maintained during the past year and the psychiatric outpatient clinic continued to hold three sessions a fortnight at the "Firs"—Wednesday afternoons and alternate Friday evenings. Patients attending these clinics were saved the long journey to the hospital's out-patient clinic at Stockland Green, Birmingham. A further close link with the Mental Hospital was the clinical meeting held weekly at Highcroft Hospital, which was attended by the Mental Health Officer and Superintendent Nursing Officer. The closest co-operation was maintained with the general practitioners and the assistance of the Mental Health Section was often sought regarding patients requiring treatment for mental disorders.

The table of admissions shows that 229 Smethwick patients were admitted to the mental hospital during the year; of this number 63 were admitted under arrangements made by the Mental Health Officer, and 166 went into hospital through the general practitioners or the out-patient clinics. The number of patients admitted showed an increase of 72 over the 1956 figures and was 65% higher than in 1955. The significant change in outlook towards Mental Hospitals is reflected in the number of voluntary admissions, almost twice as many as in 1956 and more than six times the number for 1955.

The marked increase in the number of admissions emphasises the need for more attention to be given to the prevention of mental illness and to subsequent after-care facilities.

The close liaison with the mental hospital was shown by virtue of the fact that no certified patients from Smethwick were admitted. This was mainly due to the use of the Emergency Treatment under Sections 20 and 21 of the Lunacy Act with subsequent regrading to voluntary status.

The results of modern psychiatric treatment given in the mental hospital today is shown in that of the 63 patients admitted under short Orders, 47 became voluntary patients. Of the others three were certified, six were discharged at the expiration of the short Order, and seven died.

The following tables show how the mode of admission has changed over the past four years and the result that this has had on the final classification of patients.

Mode of Admission:—

			1954	1955	1956	1957
Certified	...	...	24	22	10	—
Short Order	...	...	24	48	56	63
Voluntary	...	...	55	74	91	166
Temporary	...	...	—	2	—	—
			103	146	157	229

Final classification:—

	1954	1955	1956	1957
Certified:				
	34 (33.0%)	34 (23.3%)	19 (12.1%)	3 ( 1.3%)
Discharged under Short Order:				
	7 ( 6.8%)	13 ( 8.9%)	10 ( 6.4%)	6 ( 2.6%)
Voluntary:				
	62 (60.2%)	95 (65.1%)	128 (81.5%)	220 (96.1%)
Temporary:				
	—	4 ( 2.7%)	—	—
	103	146	157	229

During the year six certified patients were discharged from certificate and are remaining in hospital as voluntary patients. Four patients were discharged from hospital following a trial period at home. These patients have maintained improvement and are taking their place in community life.

Particular care was taken over the admission of old people to the mental hospital. This cannot always be avoided, but I am pleased to state that no old person was certified, and I feel confident that only in exceptional circumstances will any be certified in the future.

The following table shows how the certification of old people has been reduced over the past four years despite an increase in the numbers admitted.

Final classification—persons aged 70 or over—

				1954	1955	1956	1957
Certified	...	...	...	8	7	3	—
Discharged within period of							
Short Order	...	...	...	1	1	4	1
Voluntary	...	...	...	7	14	19	45
Temporary	...	...	...	—	—	—	—
				<hr/>	<hr/>	<hr/>	<hr/>
				16	22	26	46
				<hr/>	<hr/>	<hr/>	<hr/>

The present policy of admitting the unwilling patient on a three-day Order under the Lunacy and Mental Treatment Acts increases the responsibility of the Mental Health Officer who has to make up his mind whether the patient he has been requested to visit is indeed a person of unsound mind and a proper person to be taken to a mental hospital. The Report of the Royal Commission on the law relating to mental illness and mental deficiency recommends that no-one who is not medically qualified should be required to give an opinion about anyone's state of mind or need for care and legislation to this effect would no doubt lessen the responsibility of the Mental Health Officer. The Report also states that no hospital should ever be obliged to admit a patient for whom it cannot provide suitable care, just because he or she is liable to compulsory treatment. Such a change would undoubtedly increase the difficulties of the work of the Mental Health Officer who may find himself with a patient in need of hospital treatment and no hospital willing to accept the patient.

The discharge rate continued to rise during 1957, and 80% of those patients discharged left hospital within three months of their admission.



The after-care service undertaken by the Mental Health Officer, Superintendent Nursing Officer and Health Visitors continued to cope with an increasing amount of work, including correspondence, telephone calls and interviews. Altogether there were 524 visits paid to the patients' homes, but the men, most of whom were working, were not seen as often as we would have liked.

In the light of the Royal Commission's Report, the Health Committee reviewed the staffing of the Mental Health Section of the Department. It was decided to terminate the arrangement whereby the Mental Health Officer was employed for 25% of his time in West Bromwich, and in addition a new post of Clerk/Duly Authorised Officer was created. The work of the new officer is to be apportioned equally between mental health and clerical duties. The new establishment did not become effective until 29th December, 1957.

There were 57 patients receiving after-care at the beginning of the year. 114 new cases were added during the year and 92 were closed, leaving 79 patients at the end of the year.

Total number of deaths and discharges	...	...	213
Accepted after-care	...	...	114
Refused after-care	...	...	8
After-care not necessary	...	...	64
Discharged to another area	...	...	6
Died	...	...	21
		—	213

Of the 92 cases closed the results were:—

Fully recovered or stabilised	...	...	41
Returned to Mental Hospital for further treatment	...	...	48
Left the area	...	...	2
Died (suicide)	...	...	1
		—	92
		—	

# ADMISSIONS TO MENTAL HOSPITALS DURING 1957

Classification	Sex	Aged under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total all ages
Certified ...	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Observation only (Short Detention Orders) ...	M	—	4	6	1	8	6	5	30
	F	—	1	2	5	4	8	13	33
Voluntary ...	M	2	4	8	11	28	8	6	67
	F	—	8	12	18	21	18	22	99
Temporary ...	M	—	—	—	—	—	—	—	—
	F	—	—	—	—	—	—	—	—
Total ...	M	2	8	14	12	36	14	11	97
	F	—	9	14	23	25	26	35	132
Total, both sexes...		2	17	28	35	61	40	46	229

## DISCHARGES AND DEATHS—MENTAL HOSPITALS—1957

Length of stay	Sex	Aged under 20	20-29	30-39	40-49	50-59	60-69	Aged 70 and over	Total
Under 3 months ...	M	1	9	13	9	24	10	7	161 (7 died)
	F	—	7	11	18	20	18	14	
3-6 months ...	M	1	1	—	—	1	3	1	12
	F	—	—	1	2	—	1	1	
6-9 months ...	M	—	—	1	—	—	2	—	8 (2 died)
	F	—	—	2	1	1	1	—	
9-12 months ...	M	—	—	1	1	—	—	—	2
	F	—	—	—	—	—	—	—	
Over 12 months ...	M	—	2	4	2	1	—	2	30 (12 died)
	F	—	—	2	4	—	2	11	
Total ...		2	19	35	37 (1 died)	47 (2 died)	37 (6 died)	36 (12 died)	213 (21 died)

## MENTAL DEFICIENCY

There were 205 mentally defective persons under care in the community at the end of the year and a further 84 were resident in hospitals. One patient was admitted to hospital during the year, the Order being obtained by petition. There were at the end of the year two patients awaiting institutional care. Two patients were discharged on licence from hospital and two patients were returned to hospital from licence. The help of the Regional Hospital Board was obtained in providing temporary hospital care for two patients, one requiring post-operative care following dental treatment, the other so as to enable parents to have a rest.

Supervision in the home was undertaken by the Mental Health Officer, Health Visitors, and by Dr. Constance Myatt who is specially authorised for this purpose.

Unemployment amongst high grade mentally handicapped adults still presented a problem, more difficulty being experienced in placing females in employment than males. The recommendations in the Report of the Royal Commission stress the need for industrial occupation centres and/or sheltered workshops. The provision of these would help the unemployed defectives to maintain self-confidence in addition to improving what skills they had acquired and so give them a chance of becoming reinstated in employment.

The **Occupation Centre** continued to provide training for approximately 40 mentally handicapped persons. The Centre was open for 219 days in the year, and attendances totalled 6,034, an average of 27 a day. Mid-day dinners were supplied through the School Meals Service, and the daily issue of a free bottle of milk ( $\frac{1}{3}$ -pint) to each child was continued by the Corporation. The facilities of the dental clinics were available to all mentally handicapped, and a barber calls at the Centre every three weeks, the cost of haircutting being borne by parents.

A party of mentally handicapped children and older persons spent an enjoyable week's holiday at the School Camp near Bewdley, and we are indebted to the donor, the Education Committee, Occupation Centre staff and other helpers who made this holiday possible. The year ended with a Christmas party at the Occupation Centre, followed by a visit to the Repertory Theatre.



Transport to and from the Occupation Centre for the more severely handicapped children was adequately provided by the Ambulance Service.

I am pleased to report that 21 children under the age of 16 considered to be suitable for training at the Occupation Centre were accommodated. Of the over-16's, however, 40 of the 57 considered suitable for Occupation Centre or Industrial Centre were not catered for. It is hoped that this serious gap in the service will be filled in the near future by the new Occupation Centre.

The Guardianship Society of Brighton have in their care nine patients from this area, and whilst we are grateful to the Society for their care and attention to these Smethwick patients it must be acknowledged that it is not altogether desirable to have them so far from home where they can have very little contact with friends or relatives.

No provision for the welfare of the mentally handicapped could be said to be complete unless it included residential accommodation or hostels for the few for whom there is "no room" at home or who have no home. The provision of these places would make it possible for a number of "high grade" patients in mental deficiency hospitals to be discharged and returned to their native town, where their special needs could be understood and met.

## **INFECTIOUS DISEASES**

### **1.—TUBERCULOSIS**

I am indebted to Dr. Wilson Russell for the following report on the work of the Chest Clinic during 1957:—

"As in the last few years, tuberculosis showed a low incidence and a low mortality rate in 1957, but there were some indications of a returning rise and we must not think that the fight against this disease has been won.

"There were 125 new cases of which 11 came into the town from other areas, so that 114 fresh cases arose in Smethwick, compared with 92 in 1956. During the year 64 patients were discharged as recovered, 39 were transferred out to other areas, and 28 died. This left 955 on the Register compared with 947 at the end of 1956.

"It is of interest to note the way in which the new cases came to light. The 114 new cases were discovered as follows:—

Referred by general practitioners	...	41
Referred from hospitals	... ..	26
Contact examinations	... ..	33
Mass X-ray—referred from doctors	...	7
—surveys, etc.	... ..	7

"One would expect such findings but they demonstrate the necessity for a good contact examination service and the importance of regarding the family as the unit for investigation and treatment rather than the individual patient. This section of the Chest Clinic work is the responsibility of the Local Authority and in 1957 28.9% of the new cases were found through contact examination. Also, as part of this service, 90 contact children were given B.C.G. vaccination during the year.

"Attendances at the Clinic numbered 7,266, less than in 1956, but the number of new patients seen for the first time went up to 1,336 and the number of X-ray examinations rose to 3,908. In July a tomograph apparatus was installed in the X-ray room. This enables special views of the chest to be taken and assists in the diagnosis of some cases, especially when surgical treatment is under consideration.

"During the year 94 patients had positive sputum tests. By the end of the year the 'infectior pool' of known infectious cases at home in the town was 37 as compared with 43 at the end of 1956. As regards the others, 14 had died, 21 were in hospital, five had been transferred out to other areas and 17 had become sputum negative after treatment and so rendered non-infectious.

"Tuberculosis has shown a substantial increase among immigrants. In 1957 24 adults and seven children born in England of immigrant parents were diagnosed. For these adults this means that out of 125 new cases 19.2% were immigrants compared with 10.4% for the last two years, but in contrast to previous years nearly all the new immigrant cases have been living in England for over three years.

“The nationalities were as follows:—

Indian	...	...	13 (No Pakistani in 1957)
Irish	...	...	6
Jamaican	...	...	1
Polish	...	...	3
Hungarian	...	...	1

“It became evident too, during the year, that many Indians are now bringing over their wives and families to live in this country. It has also been found that the majority of these Indian children are already Mantoux positive.

“My practice of tuberculin testing as many as possible of the new cases seen was continued and the results are tabulated as under (excluding tests done before and after B.C.G. vaccination):—

Age	Positive	Negative	Total	% Positive
0— 5 ...	14	92	106	13.2
6—10 ...	26	73	99	26.3
11—15 ...	13	44	57	22.8
16—20 ...	26	47	73	35.6
21—30 ...	115	47	162	71.0
31—40 ...	131	19	150	87.3
41—50 ...	126	17	143	88.1
51—60 ...	116	20	136	85.3
61—70 ...	46	22	68	67.6
71—80 ...	8	9	17	47.0
	<hr/> 621 <hr/>	<hr/> 390 <hr/>	<hr/> 1,011 <hr/>	<hr/> 61.4 Av. <hr/>

“The findings in 1957 in the children under age 10 are most disquieting. Under five the figure is almost double and in the 5—10 age group the figure is three times the 1956 findings. This is a reversal of the trend in recent years in which tuberculin sensitivity has been steadily declining in children. If this trend to have early primary infection in children should continue we must expect to have a recurrence of the post-primary type of disease in the young adolescent and young adult in five to 10 years’ time.

"As regards hospital beds for the treatment of tuberculosis, the big changes reported last year have in fact occurred. The beds at Romsley were lost in 1955 and in April, 1957, Smethwick tuberculosis patients were finally excluded from Holly Lane Hospital, which is now entirely for neuro-surgical and neurological cases. I am glad to report that the intended official allocation of beds in other sanatoria has been generously exceeded.

"Ten male beds were allocated at Prestwood Sanatorium, Kinver, and during the year as many as 26 tuberculous men from Smethwick have been admitted for treatment. In addition, as many beds as required have been obtained at St. Wulstan's Hospital, Malvern, where as many as 16 female patients have been accepted as well as some male patients. Six female beds are still available at Cheshire Joint Sanatorium and 10 beds (five of each sex) are in use at Heath Lane Hospital, West Bromwich.

"Prestwood Sanatorium is 14 miles away and St. Wulstan's Hospital and Cheshire Joint Sanatorium are each 45 miles from Smethwick. The standard of treatment is excellent, but it is a long and expensive journey for patients' visitors who may make a weekly trip over a period of 6-12 months. On this account some patients refuse to accept any of these beds and often ask to be transferred to a bed nearer home, which is difficult because there are only 10 local beds at West Bromwich.

"With the co-operation of the family doctor and the district nurse, it has been possible to treat some patients at home with good results, but it is undoubtedly best that all new cases should be treated in hospital, where in addition to treatment under the best conditions and isolated from their families, they are educated how to live with their disease and take care of themselves so as not to spread the infection. It must not be forgotten that tuberculosis is still an infectious disease.

"The beds at Kyre Park Hospital, Tenbury Wells, for children with primary tuberculosis have not been used much in 1957 because when the adult beds became available at Prestwood, it was arranged that Smethwick children could be admitted to The Limes Children's Hospital at Himley, which is the children's annexe of Prestwood. Two Smethwick children went to The Limes



in November (by May, 1958, the number was eight). I am grateful to the medical staff at Prestwood for accepting, on occasion, both parents and children in the same family to avoid family separation.

“Treatment of tuberculosis nowadays consists of rest, good feeding, graduated exercise and the modern drugs in appropriate combination. Streptomycin is given by injection, Isoniazid and P.A.S. by mouth (and always at least two of the drugs at the same time). The older methods of collapse therapy have gone out of fashion, but in 1957, 258 refills were given at the Clinic. Surgical treatment is still most useful in selected cases.

“There is now almost no waiting time for either sex for a bed at Yardley Green Hospital Surgical Unit and the two Yardley Thoracic Surgeons, Mr. MacHale and Mr. Stephenson, regularly visit Smethwick Chest Clinic to see patients before and after surgical operation. This arrangement is very much appreciated. Usually patients go to Heath Lane Hospital, West Bromwich, for the necessary period of convalescence after their chest operation has been performed and the immediate recovery is satisfactory at Yardley Green Hospital.

“During the year full use has been made of the Smethwick Council Free Milk Scheme for children with primary tuberculosis, adult patients under home treatment or after sanatorium treatment. Such cases receive daily one pint of milk free, and the scheme is of great assistance medically as well as financially to the patients.

“Tuberculosis cases receive some priority consideration from Smethwick Housing Committee and during the year quite a number of families were rehoused. As some of the new Council Estates are outside the Borough boundary, in Oldbury and West Bromwich, this process of rehousing has meant the ‘transfer out’ of some tuberculous cases and explains the large number of 39 transfers during the year!

“From June, 1956, until March, 1957, we were without a radiographer at the Clinic, until Mrs. Hickling came in April. The remaining staff carried the burden of the X-ray work in

addition to their own jobs and thanks to Sister Lewis, Miss Underhill and Mrs. Vos it was possible to get through a good year's work with no inconvenience to the patients.

"After April it was possible to start again routine chest X-rays for expectant mothers, attending the Ante Natal Clinic at St. Chad's Hospital. It has also been possible to offer chest X-ray examination for all children found to be tuberculin positive under the Schools' Scheme for B.C.G. at ages 13-14.

"Sister Lewis has done 1,028 home visits during the year as well as being in attendance at clinic sessions, Miss Underhill has done all the clerical work including filing and preparation of statistics, and Mrs. Vos has dealt with over 4,000 letters, which were nearly all reports to general practitioners concerning their patients attending the clinic.

"I would like to express my thanks to these ladies for their grand assistance and co-operation."

A. WILSON RUSSELL

The deaths notified as being attributable to tuberculosis during 1957 and 1956 are shown below:—

Age Periods	1957				1956			
	Pulmonary		Other forms		Pulmonary		Other forms	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	—	—	—	—	—	—	—	—
1 to 5	—	—	—	—	—	—	—	—
5 to 15	—	—	—	—	—	—	—	—
15 to 45	3	2	—	—	2	1	—	—
45 to 65	8	—	—	—	7	—	—	—
65 upwards	6	—	—	—	4	—	—	—
TOTALS ...	17	2	—	—	13	1	—	—

The number of cases remaining on the Dispensary Register on the 31st December, 1957, was 955. This figure was made up as follows:—

Pulmonary—Males ...	354	Non-Pulmonary—Males ...	12
Females ....	206	Females .	13
Children ...	263	Children .	107
	<hr/>		<hr/>
	823		132
	<hr/>		<hr/>

Attendances at the Chest Clinic were as under:—

		1954	1955	1956	1957
Total Attendances ...	...	9,440	8,236	7,910	7,266
		<hr/>			
First Examinations ...	...	1,267	1,075	1,008	1,336
Re-examinations ...	...	4,007	3,368	3,508	3,763
Consultations ...	...	3,001	2,751	2,615	1,909
Mantoux Tests ...	...	1,214	758	996	1,164
Artificial pneumothorax ...	...	1,155	1,042	779	258
Number of X-ray Units ...	...	3,325	3,637	3,409	3,908
Visits to patients at Home:					
(a) By Health Visitor ...	...	1,421	823	1,013	1,025
(b) Chest Physician ...	...	52	51	57	51
Patients admitted to Sanatoria ...	...	91	114	83	81
Patients discharged from Sanatoria ...	...	85	111	74	58
Patients died in Hospital ...	...	3	6	18	12
Patients remaining in Sanatoria at end of year ...	...	47	44	35	46
B.C.G. Vaccination (contact children) ...	...	37	50	42	80

# RETURN SHOWING THE WORK OF THE DISPENSARY DURING THE YEAR 1957

	PULMONARY			NON-PULMONARY			TOTAL			Grand Total
	Adults		Children	Adults		Children	Adults		Children	
	M.	F.		M.	F.		M.	F.		
A. (1) Number of definite cases of Tuberculosis on the Dispensary Register at the beginning of the Year ... ..	350	200	265	11	12	109	361	212	374	947
(2) Transfers from Authorities of areas outside that of the Council or Board during the Year ... ..	6	7	—	1	—	—	7	7	—	14
(3) Lost-sight-of cases returned during the Year ... ..	—	—	—	—	—	—	—	—	—	—
B. Number of New Cases diagnosed as Tuberculous during the Year—										
(1) Class T.B. minus ... ..	32	22	37	5	4	3	37	26	40	103
(2) Class T.B. plus ... ..	15	5	2	—	—	—	15	5	2	22
(3) Non-pulmonary ... ..	—	—	—	—	—	—	—	—	—	—
C. Number of cases included in A and B written off the Dispensary Register during the Year as:										
(1) Recovered ... ..	10	7	34	2	2	4	12	9	38	59
(2) Dead (all causes) ... ..	22	5	—	1	—	—	23	5	—	28
(3) Removed to other Areas ... ..	14	15	7	1	1	1	15	16	8	39
(4) For other reasons ... ..	3	1	—	1	—	—	4	1	—	5
D. Number of definite cases of Tuberculosis on the Dispensary Register at the end of the Year ... ..	354	206	263	12	13	107	366	219	370	955



## **2. THE COMMON INFECTIOUS FEVERS**

There were no cases of smallpox, typhoid or paratyphoid fevers during 1957.

### **Diphtheria and Scarlet Fever**

Once again no case of diphtheria was notified in the Borough. Only two cases of the disease have been notified since 1949, and the last death from diphtheria in the Borough was in 1946. During the year 42 cases of scarlet fever were notified, 19 of which were children in the 5—10 year old age group.

### **Puerperal Pyrexia**

Three women were notified as suffering from fever after child-birth. In the first case there appeared to be no obvious cause of the rise in temperature, which commenced on the fourth day of puerperium when the patient had very full breasts. The second patient had toxæmia of pregnancy and had a retained placenta which was removed manually. In the third case the fever was no doubt due to a retained piece of membrane. All the patients recovered satisfactorily after treatment.

### **Acute Poliomyelitis**

There were five cases of acute poliomyelitis confirmed during the year, three paralytic and two non-paralytic. Of the paralytic cases all were affected in the lower limbs. Two were adult women who were still having a good deal of difficulty getting about nine months after their acute illness. The other patient, a little boy of 18 months at the time of his illness, was beginning to walk again fairly well by mid-1958.

### **Dysentery**

After the high prevalence of dysentery last year it is pleasing to be able to record that only 19 cases were notified during 1957.

# NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1957

Disease	TOTAL CASES NOTIFIED									
	Age Groups									
	All Ages	0 to 1	1 to 3	3 to 5	5 to 10	10 to 15	15 to 25	25 to 45	45 to 65	65 and over
Smallpox	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	—	—	—	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	42	—	6	8	19	6	2	1	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Erysipelas	2	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia	3	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	1	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever	—	—	—	—	—	—	—	—	—	—
Acute Encephalitis	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis—Paralytic	3	1	—	—	—	—	1	1	—	—
Non-paralytic	2	—	—	—	1	1	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—
Dysentery	19	1	2	1	5	1	1	2	5	1
Acute Pneumonia	32	1	—	1	1	1	2	12	10	4
Whooping Cough	127	15	24	27	56	2	—	3	—	—
Measles	1238	45	272	358	554	4	3	2	—	—
Food Poisoning	—	—	—	—	—	—	—	—	—	—
Meningococcal Infection	4	1	2	—	1	—	—	—	—	—
Totals	1473	65	306	395	637	15	10	24	16	5

## Food Poisoning

Following the 37 cases which occurred during 1956, I am very pleased to report that there was no confirmed case of food poisoning in 1957.

## Other Respiratory Infections

There was an increase of seven cases of acute pneumonia during the year and deaths from the disease increased from 14 in 1956 to 27 in 1957. Notifications of Whooping Cough decreased, and once again it is pleasing to report that there were no deaths. There was a very large epidemic of measles during the early part of 1957. This could have been expected as there were so few cases in the previous year. A total of 1,233 children were notified as having the disease, the peak being reached in week ending 27th April, when 165 notifications were received, which according to our records is the highest peak of any measles epidemic we have had. Fortunately, the condition was comparatively mild in character and caused no deaths.

## 3. VENEREAL DISEASE

Information about Smethwick patients attending for the first time at the Treatment Centre, General Hospital, Birmingham, has again been supplied by the Physician in charge of the Centre. Details of such attendances during the past five years are given in the table below:—

			1953	1954	1955	1956	1957
Syphilis	...	...	15	7	8	6	4
Gonorrhoea		...	25	22	24	24	35
Other conditions	...		91	64	47	88	67
			<hr/> 131	<hr/> 93	<hr/> 79	<hr/> 118	<hr/> 106

The increase in the number of new cases of gonorrhoea is disappointing, particularly as the antibiotic treatment of the disease

is so effective and simple. This follows the general trend in other Midland areas which I mentioned in my last report, and the continued large increase in the number of cases of gonorrhoea in these areas gives much cause for concern. The heading "Other conditions" includes a variety of complaints, the most important condition in this miscellaneous group is non-specific urethritis which is in practice more difficult to treat though less serious in its complications than gonorrhoea.

The dangers of syphilis were brought forcibly to our notice with the occurrence of two deaths from the disease. It cannot be emphasised too strongly that professional advice which is freely available at any V.D. Clinic should be obtained as soon as possible when contact with any venereal disease is suspected.

## **INCIDENCE OF ILLNESS IN THE WORKING POPULATION**

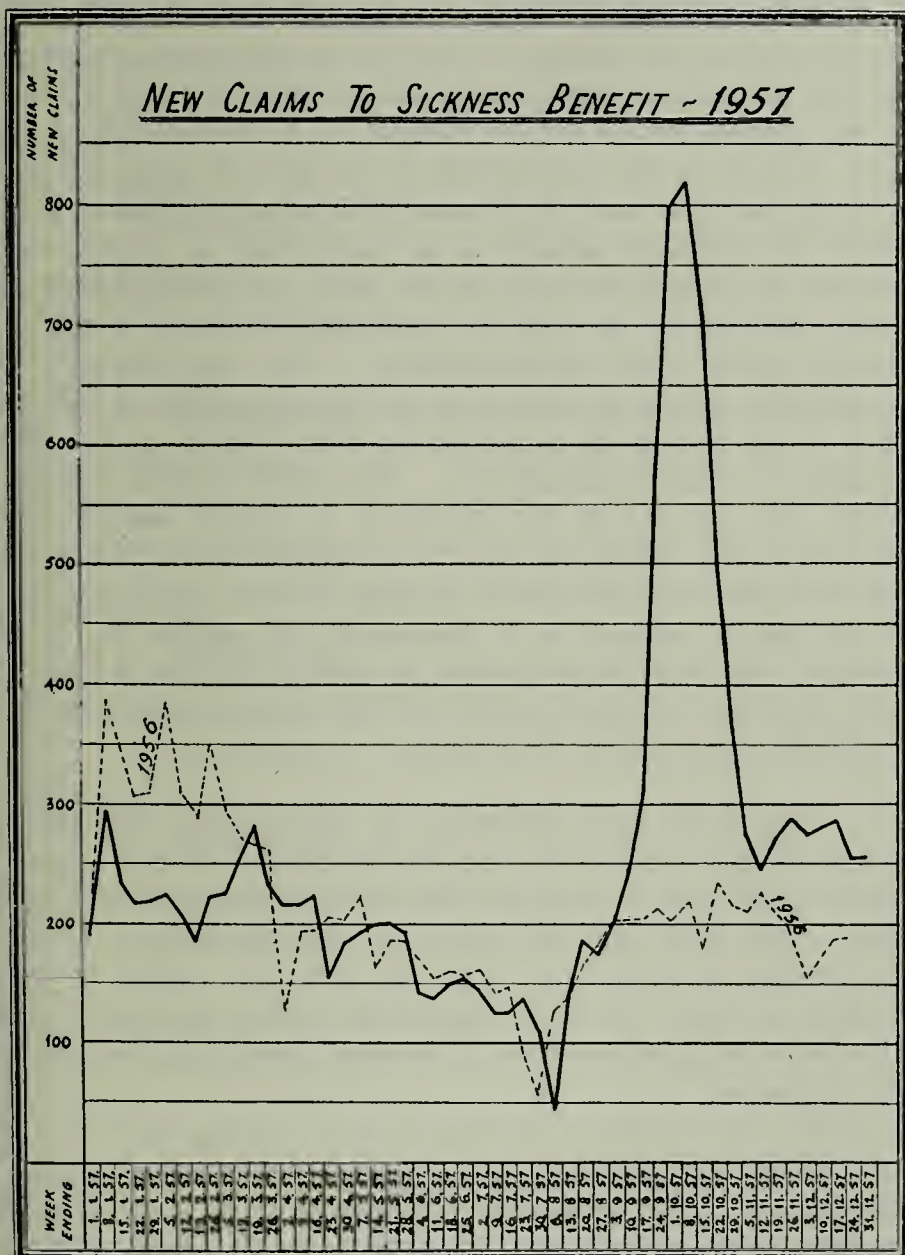
Details about the incidence of illness in the population are not readily available. The weekly figures kindly provided by the Ministry of Pensions and National Insurance of the number of people resident in the area who claim sickness benefit for the first time is a most useful index of the amount of illness in the community, particularly as the insured population forms a great majority of the adult population. The graph clearly shows the influenza epidemic which affected the borough during September and October. It is also interesting to note that at the height of this epidemic no less than one-third of the school children in the borough were absent because of sickness.

## **NATIONAL ASSISTANCE ACT**

### **WELFARE SERVICES**

The administration of the Council's schemes under Sections 21, 29 and 30 of the National Assistance Act continued satisfactorily during the year, the necessary work being carried out by officers of the Public Health Department.





## RESIDENTIAL ACCOMMODATION AND SERVICES FOR AGED AND INFIRM PERSONS

The new Home in the grounds of "Hillcrest," which has been mentioned in my last two Reports, received its first resident on the 7th December, 1957, and by the end of the year 13 old people were in residence. This Home, which has accommodation for 25 residents, was designed to cater for the less ambulant person. Because of financial restrictions it was not possible to instal a lift in the building but the natural contours of the surroundings have been utilised in the construction of an external ramp leading from the first floor down to the main entrance of the Home. This allows non-ambulant patients to be transported in wheelchairs between the ground floor and the first floor, and consequently the whole building can be used for residents who would otherwise require ground floor accommodation. The new Home will considerably reduce the waiting list for accommodation and allow some of our old persons at present in "The Poplars" at Wolverhampton to return to Smethwick. The total numbers of old people who can now be accommodated in Homes run by the authority is 76. During the year the existing Homes at "Hillcrest" and Park Hill have continued to be fully occupied, and at the end of the year in addition to 35 Smethwick old people in "The Poplars," five were accommodated in Homes provided by other local authorities or organisations, and one epileptic patient was in the David Lewis Colony, Manchester.

One of the main difficulties in administering our small Homes for aged persons has been the recruitment of staff. Every endeavour is made to maintain these Homes as "homes" in every sense of the word, and this cannot be achieved without a full complement of experienced staff who have the welfare of the residents at heart. However, despite the staffing shortages I am sure that those accommodated in our small Homes have remained very contented.

There has continued to be a shortage of beds for the chronic sick at Summerfield Hospital. However, with the excellent co-operation which exists between departmental and hospital staffs it has been possible to arrange admissions from our Homes when necessary without undue delay. These have often had to be on an exchange basis, and the patient leaving hospital has sometimes had to be admitted to "The Poplars," Wolverhampton, though the

admission to hospital had been from "Hillcrest" or Park Hill. Details of admissions and discharges during 1957 are given below:—

Accommodation	No. of Residents			Discharges			No. of Residents	
	1.1.57	Adm'ns Hospital	From Home	Hospital	To Home	Deaths	31.12.57	
Hill Crest, Smethwick .	31	4	28	10	22	1	30	
Hill Crest, New Home .	—	5	8	—	—	—	13	
Park Hill, Moseley ...	18	6	15	5	13	1	20	
"The Poplars," Wolverhampton	37	5	13	7	9	4	35	
Bromley House, Wolverhampton	1	—	1	—	1	—	1	
Quinton Hall, Birmingham	1	—	—	—	1	—	—	
Solihull, Warwickshire .	1	—	—	—	—	—	1	
Stratford-on-Avon, Warwickshire	1	—	—	1	—	—	—	
Highbury Hall, Birmingham	1	—	—	—	—	—	1	
Bryony House, Birmingham	1	—	—	—	—	—	1	
"Oakdene," Birmingham	—	—	1	—	—	—	1	
David Lewis Colony, Manchester	—	—	1	—	—	—	1	
	—	—	—	—	—	—	—	
	92	20	67	23	46	6	104	
	—	—	—	—	—	—	—	

Field officers of the department continued their efforts to ensure that all old and handicapped people in the borough were aware of the various domiciliary services provided by the Public Health Department and other agencies. This enables them to remain as long as possible in relative comfort in their own homes. In addition to the Welfare Services, the Domestic Help, Home Nursing and Chiropody Services are provided extensively for the aged and infirm.

Loneliness is one of the great problems of old age. To help old people in the borough visits are paid by Health Visitors, the Welfare Officer and the Welfare Assistant. During 1957, Health Visitors paid 1,761 visits to aged persons. The friendly visiting scheme has unfortunately been limited by the lack of voluntary visitors. Those willing to take part in the scheme are asked to make regular visits to some old person, and where possible arrangements are made for the volunteer to visit someone near home. I am sure that this very worthwhile scheme can provide a means of helping many old people to remain happily in their own homes, and efforts continue to be made to recruit more voluntary visitors.

The Darby and Joan, Silver Lining, Sons of Rest and Sunshine Corner Clubs provide amenities and recreation for old people, and some financial assistance was given to each of these organisations. All the Clubs are well supported and do a great amount of very valuable work for the elderly.

## TEMPORARY ACCOMMODATION

Temporary accommodation for persons in urgent need following emergencies such as fire, flooding or eviction for reasons which could not have been foreseen, is available only at "The Poplars," Wolverhampton. "The Poplars" can, however, only accept the mother of the family; other arrangements have to be made for the care of the children, whilst the husband is given information regarding hostels in the Birmingham area. Children are usually referred to the Children's Department and through the co-operation of the Children's Officer arrangements are often made for them to be admitted to "The Hollies." No case was, in fact, admitted to "The Poplars" in 1957.

There was an increase in the number of families making application for assistance after being evicted from furnished accommodation at short notice. Most applications were, however, withdrawn when the nature of the assistance which could be given by the department was made known.

Four aged persons were admitted to "Hillcrest" for short periods during the year, one to enable relatives to take a holiday,



one when the relative was admitted to hospital, one for a period of rehabilitation after an accident, and one when other arrangements could not be made for the care of a man whilst the gable end of his house was being rebuilt.

## REMOVAL OF PERSONS IN NEED OF CARE AND ATTENTION

I am very pleased to report that it was not necessary to take action under Section 47 of the National Assistance Act for the removal of any person found to be in need of care and attention. These powers are invoked with very great reluctance and only as a last resort. Wherever possible the resources of the department, including the Domestic Help Service and the Home Nursing Service, are used either singly or collectively to improve the conditions in a home so that compulsory removal becomes unnecessary.

## PROTECTION OF PROPERTY

During 1957, it was found necessary to provide temporary protection of property under Section 48 of the National Assistance Act in six cases compared with 10 cases in 1956 and 11 cases in 1955. In addition, it was necessary to protect the property of 28 persons who were absent on holiday from residential accommodation, and of nine residents following their death or admission to hospital.

## BURIAL OF THE DEAD

During the year arrangements were made under Section 50 of the National Assistance Act for the burial of the bodies of six persons who had died when it was not possible for other suitable arrangements to be made.

## WELFARE OF BLIND PERSONS

The Council's duties for the promotion of the welfare of blind persons normally resident in Smethwick, continued to be

carried out on an agency basis by the Birmingham Royal Institution for the Blind. The classification of the Register of the Blind at the 31st December, 1957, was as shown below:—

			Males	Females	Total
Adults in training—day	...	...	—	—	—
Adults in training—resident	...	...	1	—	1
Workshop workers	...	...	13	5	18
Workers in open employment	...	...	6	—	6
Other Blind employees	...	...	1	—	1
Unemployables at home	...	...	32	54	86
Unemployables in Regional Board Hospitals	...	...	—	3	3
Unemployables in Welfare Depart- ment Homes	...	...	1	1	2
			—	—	—
			54	63	117
			—	—	—

## WELFARE OF OTHER HANDICAPPED PERSONS

Schemes approved under Sections 29 and 30 of the National Assistance Act 1948 were in operation throughout the year.

The Birmingham Institute for the Deaf undertakes the welfare of the deaf and dumb in the area, and in addition to social centres which are attended by Smethwick residents, home teachers of lip-reading are employed. An annual grant is made by the Council to the Institute. Some Smethwick residents attend the West Bromwich District Hard of Hearing Club at the Trinity Road Social Centre, West Bromwich, and a contribution is made to West Bromwich Corporation towards the cost of maintaining this centre. The Welfare Officer and Welfare Assistant deal with arrangements for the welfare of handicapped persons other than blind, partially sighted and deaf or dumb. A register of these persons is maintained, and during 1957 11 new cases were added to the register, seven cases were removed because of death, and one person left the district.

The classification of the Register on the 31st December, 1957, was as follows:—

Amputation	...	...	...	8
Arthritis and rheumatism	...	...	...	36
Congenital malformation	...	...	...	5
General diseases	...	...	...	8
Injuries	...	...	...	10
Organic nervous diseases	...	...	...	42
Other nervous and mental disorders	...	...	...	8
Other diseases and injuries	...	...	...	2
Hard of hearing	...	...	...	5

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Practical help, services and amenities which were provided for handicapped persons included adaptations to homes, usually to facilitate the access of invalid chairs or the use of toilet provision; provision of wireless and television, the latter on a rota basis; holiday grants; handicraft materials and limited teaching; gadgets and aids of various types to enable the handicapped to lead a near normal life; library service; friendly visiting; domestic help; home nursing; loan of medical equipment.

The Midlands Spastic Association to which the Council makes an annual grant, helps handicapped persons coming within its special field of service.

Mentally handicapped persons receive care and supervision from officers of the health department. Physically handicapped children are the concern of the Maternity and Child Welfare and School Health Services. The closest co-operation exists between all officers of our comprehensive health and welfare department who deal with handicapped persons. This ensures that irrespective of their ages, every possible care and service is given to handicapped persons in the borough.

#### MEDICAL EXAMINATION OF NEW ENTRANTS TO SERVICE WITH THE AUTHORITY

There was a decrease of 33 in the number of examinations undertaken by the medical staff of Corporation employees prior to their inclusion in the Superannuation or Sick Pay Schemes; or before being allowed to become food handlers. Details of examinations carried out for the various departments are given in the following table:—

Department	Number Examined
Borough Treasurer's ... ..	7
Borough Engineer's ... ..	27
„ „ Special Exams ...	4
„ „ Re-exams ...	8
	— 39
Borough Librarian ... ..	5
Building and Maintenance ... ..	13
„ „ Special Exams ...	2
„ „ Re-exams ...	1
	— 16
Children's ... ..	10
Education—	
Teachers ... ..	34
Training Colleges ... ..	27
School Meals Staff ... ..	35
School Meals Staff—re-exams ...	5
School Cleaners ... ..	30
School Cleaners—re-exams ...	5
School Caretakers ... ..	10
Staff ... ..	15
Staff—re-exams ... ..	4
	— 165
Estates—	
Baths ... ..	5
Cemetery ... ..	3
Parks ... ..	11
Parks—re-exams ... ..	3
	— 22
Fire Service ... ..	3
Housing ... ..	3
Local Taxation ... ..	1
Public Health ... ..	83
„ „ Re-exams ... ..	10
	— 93
Weights and Measures ... ..	1
Examinations carried out for other Authorities ... ..	1
	— 366



**ANNUAL REPORT OF THE CHIEF PUBLIC HEALTH  
INSPECTOR ON THE SANITARY ADMINISTRATION OF  
THE BOROUGH FOR THE YEAR ENDED 31st DECEMBER,  
1957**

To the Mayor, Aldermen and Councillors of the  
County Borough of Smethwick

Mr. Mayor, Ladies and Gentlemen,

The passing of the Rent Act, 1957, which came into force on the 6th July, had a tremendous impact upon the work of the department and, indeed, on our townfolk. Due to the publicity which the Council gave to its provisions, full use has been made of the Act in Smethwick. Indeed, by the end of the year no less than 229 applications for certificates of disrepair had been received, entailing 514 visits. This despite the fact that the method of application for certificates of disrepair has been changed, most regrettably in my view. Under previous Rents Acts all the tenant had to do was to make application for a disrepair certificate to the local authority. The present Act requires him first of all to serve Form G on the landlord, in which he must set out the several items of disrepair. This is a formidable task to the average person and a well nigh impossible one to the older members of the community. The certificate of disrepair is limited to those items as set out on Form G, and the local authority has no powers to add to the certificate defects which, through ignorance, have been omitted by the tenant. To overcome this difficulty, many visits of inspection were made to properties and tenants were advised of those items which could properly be included on Form G. I feel that the law could be usefully amended to the benefit of both tenant and landlord by dispensing with the present cumbersome system with its multiplicity of forms. Details of the action taken will be found in statistical Table XIII in the body of the report.

The fullest use was made of the Public Health and Smethwick Corporation Acts, this quite independently of the action which the tenants took to secure a reduction of their rent because of disrepair. This had the effect of achieving quicker results than the tenant could secure by operating the procedure set out in the First Schedule to the Rent Act, 1957.

## FOOD HYGIENE

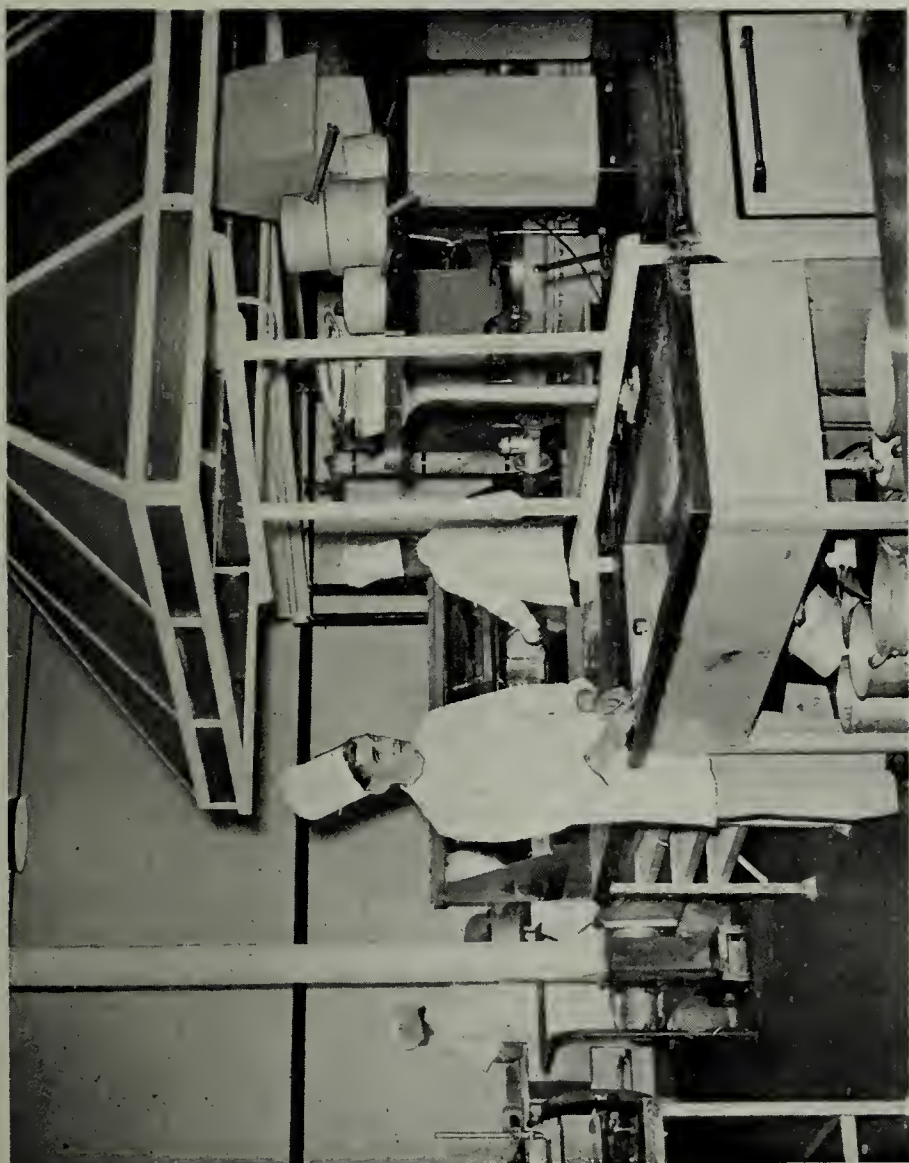
Work to ensure that all food premises within the borough fully complied with the Food Hygiene Regulations continued throughout the year. Three thousand, one hundred and forty-nine visits were made to food premises, an index of the attention given to the preparation and sale of food. Table XII shows the varying types of defects found. One thousand, two hundred and six contraventions were put right. Five successful court cases were taken, the average fine imposed being £3. Two cases were taken for carrying meat without suitable headcovering, believed to be the first in the country, and fines of £3 were imposed. The support given by the magistrates and the excellent publicity afforded by the local Press had a most salutary effect. An indication of the high standard of hygiene in local food establishments can be obtained from the accompanying photograph of one of our industrial canteens. I am again indebted to the people of Smethwick for bringing to my notice contraventions of the Food and Drugs Act and for their public spirit in coming forward and giving evidence in court. Seven cases of this nature were dealt with—fines imposed varied from £2 to £10.

## DISEASES OF ANIMALS ACT

On 1st July, 1957, the administration of the above Act was transferred from the local police to this department. This was a wise decision as, quite obviously, this work is essentially one of a public health character.

## CLEAN AIR ACT

The first provisions of the above Act came into force on 31st December, 1956. Early in the year a circular letter, together with a memorandum on the provisions of the Act, was sent out to local industrialists. This led to quite a number of informal discussions with managements on the implications of the legislation and their future plans to meet with the new requirements. One of the most pleasing features of the work was the very excellent co-operation obtained. On the subject of co-operation, I would make special mention of the Borough Surveyor's Department: the opportunity afforded to see all plans enabled suggestions to be made on such things as chimney heights and grit arrestation at the drawing board stage. All this made for efficiency and good public relations.



INDUSTRIAL CANTEN IN SMETHWICK

## PUPIL INSPECTORS

I would make just a brief comment on the grand total of the various inspections made. These, it will be noted, are 2,000 up on the previous year, mainly due to the increasing use being made of your pupil public health inspectors. As they become more experienced, so do they become of greater value to the department, releasing qualified staff for more important duties. Smethwick has for some years now operated a system of paid pupilage: this system pays excellent dividends, providing a reservoir of potential inspectors not only for Smethwick, but also for those other authorities unable or unwilling to operate a similar scheme. An extension of this system, coupled with realistic salaries, would overcome the present national shortage of qualified inspectors.

## CONCLUSION

These then were the highlights of 1957. Details of the several other aspects of environmental hygiene will be found in the body of the report. The work of the public health inspector is unspectacular and, consequently, not headline news. At the same time, by its very nature, it affects the life and well-being of all. There is, therefore, a quiet satisfaction when preparing an annual report in noting the various improvements carried out during the year for the betterment of our fellow-men. The watchword of the department is "co-operation," by which alone can real advances be made. I am grateful for the high degree of co-operation which I have had throughout the year from all. To the Chairman and Members of the Health Committee, to my brother officers, to the staff, and last, but by no means least, to our townspeople for their excellent support which has made possible this year of progress, my most sincere thanks.

I am, Mr. Mayor, Ladies and Gentlemen,

Your obedient servant,

W. L. KAY,

Chief Public Health Inspector



# SANITARY INSPECTION OF THE AREA

## SUMMARY OF INSPECTIONS

TABLE I

Ashes Accommodation, Inspections	...	...	1,909
Ashes Accommodation, Re-visits	...	...	1,639
Bakehouses	...	...	62
Caravans	...	...	7
Complaints, Inspections	...	...	2,267
Complaints, Re-visits re Notices served	...	...	6,414
Dairies and Milkshops	...	...	2
Drains Tested	...	...	42
Factories: With Power	...	...	69
Without Power	...	...	5
Food Inspection	...	...	805
Housing Act Inspections	...	...	137
Housing Act Re-visits	...	...	416
Infectious Disease	...	...	261
Interviews	...	...	207
Ice Cream Vendors	...	...	55
Insect Pests and Vermin	...	...	169
Indian Houses	...	...	382
Meat and Other Food Premises	...	...	2,842
Markets	...	...	188
Overcrowding	...	...	140
Outworkers	...	...	119
Pet Animals Act	...	...	8
Pigsties and Stables	...	...	62
Prevention of Damage by Pests Act	...	...	49
Rag Flock Act	...	...	7
Rent Act Visits	...	...	514
Sampling: Water: Bacteriological	...	...	5
Chemical	...	...	3
Food: Bacteriological	...	...	207
Chemical	...	...	189
Fertiliser and Feeding Stuffs	...	...	17
Slaughterhouses	...	...	1
Slaughter, Private	...	...	7
Smoke Observations	...	...	81
Smoke Abatement, Re-visits	...	...	360
Shops Act Inspections	...	...	2
Miscellaneous	...	...	612
			<hr/> 20,261 <hr/>



# SUMMARY OF DEFECTS

TABLE II

	Found	Remedied
Accumulation of Refuse ... ..	12	4
Animals kept so as to be a nuisance ...	1	2
Blocked Drains ... ..	405	472
Dampness ... ..	25	26
Dangerous Buildings ... ..	14	18
Defective Ashbins ... ..	1,596	2,556
Defective External Brickwork and Chimneys ... ..	166	183
Defective or Insufficient Drainage ...	21	22
Defective Floors ... ..	139	201
Defective Firegrates ... ..	27	27
Defective Paving ... ..	27	19
Defective Plaster of Walls and Ceilings	361	367
Dirty Premises ... ..	159	95
Defective Roofs, Spouting, etc. ...	623	654
Defective Sinks and Wastepipes ...	78	153
Defective Stairs and Handrails ...	16	38
Defective Washboilers ... ..	3	4
Defective Water Fittings ... ..	55	50
Defective W.C.'s ... ..	163	168
Defective Woodwork of Doors, Windows, etc. ... ..	158	211
Insufficient Lighting and Ventilation...	364	295
Lack of Sinks and Washbasins ...	248	183
Lack of Water Supply ... ..	33	30
Overcrowding ... ..	30	27
Lack of Food Storage Accommodation	11	4
W.C. Accommodation, Insufficient ...	1	—
Miscellaneous ... ..	493	585
	<hr/> 5,229	<hr/> 6,394
	<hr/>	<hr/>

WATER SUPPLY

The Town's water is supplied by the South Staffordshire Waterworks Co., who regularly make bacteriological and chemical analyses of the water, both prior to treatment and on going into supply. In addition, this department carries out routine sampling as an independent check. During the year eight samples of mains water were submitted for chemical and bacteriological examination; all were reported as being satisfactory.

WORK CARRIED OUT BY THE CORPORATION IN THE OWNER'S DEFAULT

During the year under review, the Corporation executed work at the cost of the owner, and in default of his compliance with notices, as follows:—

- (1) Cleansing or repair of blocked or defective drains and repairs to defective W.C.'s under Section 49 of the Smethwick Corporation Act, 1929 ... 501 cases
- (2) Maintenance of Public Sewers, formerly combined drains, under Section 24 of the Public Health Act, 1936 ... 12 cases
- (3) Repair of defective roofs under Section 49 of the Smethwick Corporation Act, 1948 ... 38 cases

There was a slight increase in the number of defective drains dealt with and the private Act powers again proved their value in ensuring speedy repairs.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

(a) PREMISES

No. of premises investigated	...	...	...	...	337
No. of premises treated	...	...	...	...	337
No. of bodies found	...	...	...	...	165

## (b) SEWER MAINTENANCE TREATMENT

No. of manholes baited ... ..	403
No. of manholes showing prebait take ... ..	205
No. of manholes showing complete prebait take ...	36

An encouraging development in this work is the increasing tendency for our larger industrialists to switch from private contractors to the department. Being on the spot we are able to give an immediate service at an economic rate. The fees charged, some £80, provided a useful source of revenue.

## LEGAL PROCEEDINGS

During the year legal proceedings were instituted in respect of five premises, consequent upon the failure of the owners to comply with notices served under the Public Health Act, 1936. The results of the cases were as follow:—

(1) Cases in which Abatement Orders were made ...	2
(2) Cases withdrawn—work completed ... ..	3

## INSPECTION AND SUPERVISION OF FOOD

### MILK SUPPLY

The number of samples submitted for bacteriological examination was 128. The results of the examinations are summarised in the following table:—

TABLE III

Type of Milk	No. of Samples	Tests Applied	Satisfactory	Unsatisfactory
Tuberculin Tested (Pasteurised)	... 37	Phosphatase ...	37	—
		Methylene Blue	36	1
Pasteurised ... ..	... 56	Phosphatase ...	56	—
		Methylene Blue	56	—
Sterilised ... ..	... 35	Turbidity ...	35	—
		Methylene Blue	35	—

In the case of the unsatisfactory T.T. Pasteurised milk sample, necessary follow-up action was taken. Subsequent samples proved satisfactory.

# MEAT INSPECTION

TABLE IV

**Carcases and Offal Inspected and Condemned in whole or in part:**

	Cattle exc. Cows	Cows	Calves	Sheep and Lambs	Pigs
Number Killed ... ..	1002	1	52	7082	2652
Number Inspected ... ..	1002	1	52	7082	2652
<b>ALL DISEASES EXCEPT TUBERCULOSIS:</b>					
Whole carcasses condemned ... ..	—	—	—	—	—
Carcasses of which some part or organ was condemned ... ..	131	1	—	42	277
Percentage of number inspected affected with disease other than tuberculosis ... ..	12.07	100	—	0.59	10.40
<b>TUBERCULOSIS ONLY:</b>					
Whole carcasses condemned ... ..	1	—	—	—	3
Carcasses of which some part or organ was condemned ... ..	34	—	1	—	76
Percentage of number inspected affected with tuberculosis ... ..	3.48	—	1.92	—	2.97
<b>CYSTICERCOSIS:</b>					
Carcasses of which some part or organ was condemned ... ..	8	—	—	—	—
Carcasses submitted to treatment by refrigeration ... ..	8	—	—	—	—
Generalised and totally condemned ...	—	—	—	—	—

Despite the fact that there was an increase of 710 animals slaughtered in the town as compared with the previous year, a 100% inspection service was maintained. Local residents can thus be assured that all meat sold is fit for human consumption.

## Conditions and Diseases found during Meat Inspection and amounts condemned

TABLE V

	Lbs.
Abscesses ... ..	528
Actinomycosis ... ..	145
Bruising ... ..	7
Cirrhosis ... ..	114
Congestion ... ..	62
Cysticercus Bovis ... ..	114
Echinococcus Veterinorum ... ..	370
Fascioliasis ... ..	838
Fatty Infiltration ... ..	5

TABLE V (continued)

					Lbs.
Hepatitis ...	...	...	...	...	5
Nephritis ...	...	...	...	...	2
Parasitic ...	...	...	...	...	123
Pentastomum ...	...	...	...	...	14
Pericarditis ...	...	...	...	...	23
Peritonitis, Pleurisy, etc.	...	...	...	...	379
Pneumonia ...	...	...	...	...	299
Tuberculosis ...	...	...	...	...	2,579
					<hr/>
					5,607
					<hr/>

UN SOUND FOOD SURRENDERED AND DESTROYED  
(Not including above)

TABLE VI

			Tons	cwts.	qrs.	lbs.	ozs.
Carcase Meat ...	...	...		4	3	27	14
Meat (Tinned) ...	...	...		18	2	4	3
Fruit ...	...	...	1	10	1	27	10
Vegetables ...	...	...		1	3	19	6
Fish ...	...	...			1	1	14
Cheese ...	...	...		1	3	—	—
Butter ...	...	...				21	8
Bacon ...	...	...			1	9	—
Miscellaneous ...	...	...		5	2	21	6
					<hr/>		
					3	4	— 20 13
					<hr/>		

## LEGAL PROCEEDINGS—FOOD

TABLE VII

## FOOD &amp; DRUGS ACT, 1955

## Food Hygiene Regulations, 1955

I give below details of the various contraventions noted and the action taken:—

2 cases—Lack of wash-hand basin (Reg. 16)	Withdrawn, work carried out.
3 cases—Placing food liable to contamination (Reg. 8) ...	One fine of £2.
2 cases—Carrying meat without suitable headcovering (Reg. 30) ...	Two fines of £3.
	Two fines of £3 each.



TABLE VIII  
FOOD & DRUGS ACT, 1955

Details of Unsound Food:

String in Malted Fruit Loaf	...	...	£5 Fine.
Foreign Body in Biscuit	...	...	Warning letter.
Foreign Bodies in Cheese	...	...	Warning letter.
Apple Turnover affected with moulds	...	...	£2 Fine, 25/- costs.
Foreign Body in Meat and Potato Pie	...	...	Warning letter.
Bread affected with mould	...	...	£10 Fine.
Foreign Body in Sugar	...	...	Warning letter.

BACTERIOLOGICAL EXAMINATION OF ICE CREAM AND  
ICE LOLLIES

		No. of Samples	Provisional Grade I	Provisional Grade II
Ice Cream	...	63	61	2
				Satisfactory
Ice Lollies	...	19		19

It is a pleasure to record that results were again consistently good.

TABLE IX  
FOOD PREMISES IN THE AREA:

*Slaughterhouses	...	...	...	...	4
Butchers' Shops	...	...	...	...	83
Grocers' Shops and General Stores	...	...	...	...	340
Greengrocers' Shops	...	...	...	...	75
Fishmongers	...	...	...	...	13
Fried Fish Shops	.....	...	...	...	41
Confectioners (including sweet confectionery)	...	...	...	...	114
Bakehouses	...	...	...	...	11
Licensed Premises	...	...	...	...	55
Outdoor Beer Licences	...	...	...	...	54
Cafes, Restaurants, etc.	...	...	...	...	40
Aerated Water Manufacturers	...	...	...	...	2
Brewers	...	...	...	...	1
Wholesale Grocers and Provision Merchants	...	...	...	...	5
Wholesale Greengrocers	...	...	...	...	1
					839

\*Four slaughterhouses licensed, only two in use.

PREMISES REGISTERED UNDER SECTION 16,  
FOOD & DRUGS ACT, 1955:

Ice Cream:

Manufacture and Sale	...	...	...	2
Sale	...	...	...	313
				<hr/> 315
Meat and Meat Products	...	...	...	24
				<hr/> 339
				<hr/>

TABLE X  
SUMMARY OF ARTICLES OF FOOD AND DRUGS  
SUBMITTED TO THE PUBLIC ANALYST AND THE  
RESULT OF THE ANALYSES

Articles Analysed				Total Samples	Genuine	Not Genuine
Bread	...	...	...	3	1	2
Butter	...	...	...	4	4	—
Crab Paste	...	...	...	2	1	1
Fish Cakes	...	...	...	1	1	—
Fish Paste	...	...	...	1	1	—
Potted Salmon	...	...	...	1	1	—
Flour	...	...	...	8	4	4
Milks	...	...	...	67	66	1
Pork Sausage	...	...	...	23	19	4
Pork Sausage Meat	...	...	...	2	2	—
Beef Sausage	...	...	...	2	2	—
Tomato Juice	...	...	...	1	1	—
Tomato Ketchup	...	...	...	3	3	—
White Pepper	...	...	...	1	1	—
Beef Suet	...	...	...	1	1	—
Blackcurrant Cordial	...	...	...	2	2	—
Cocktail Sausages	...	...	...	1	1	—
Grape Fruit Juice	...	...	...	1	1	—
Ice Cream	...	...	...	9	9	—
Ice Lollies	...	...	...	4	4	—
Lard	...	...	...	2	2	—
Lemon Juice	...	...	...	2	1	1

TABLE X (continued)

Articles Analysed				Total Samples	Genuine	Not Genuine
Vinegar	...	...	...	4	4	—
Margarine	...	...	...	7	7	—
Mars Bar	...	...	...	1	1	—
Orange Drink	...	...	...	11	11	—
Parsley and Thyme Stuffing				1	1	—
Peanut Butter	...	...	...	1	1	—
Sweets	...	...	...	3	3	—
Voice Tablets	...	...	...	1	1	—
Banana Flavoured Flip	...	...	...	1	1	—
Onions	...	...	...	1	1	—
Camphorated Oil	...	...	...	1	1	—
Chest and Lung Mixture	...	...	...	1	1	—
Cough Mixture	...	...	...	1	1	—
Cream Doughnuts	...	...	...	2	—	2
Cream Horns	...	...	...	1	—	1
Dried Thyme	...	...	...	1	1	—
Foam Crystals	...	...	...	1	1	—
Gin	...	...	...	4	4	—
Gravy Browning	...	...	...	1	1	—
Indian Brandee	...	...	...	2	1	1
Jam	...	...	...	1	1	—
Cake	...	...	...	2	—	2
Lemon Curd	...	...	...	1	1	—
Lemon, Glycerine and Honey	...	...	...	1	1	—
Salad Dressing	...	...	...	1	1	—
Rubbing Oils	...	...	...	1	1	—
Whisky	...	...	...	1	1	—
Arrowroot	...	...	...	1	1	—
Gum	...	...	...	2	2	—
Cider	...	...	...	1	1	—
Cream	...	...	...	1	1	—
Fruit Chutney	...	...	...	1	1	—
Luncheon Meat	...	...	...	2	2	—
Minced Chicken	...	...	...	1	1	—
Onion Sauce	...	...	...	1	1	—
				205	186	19

There was again an increase in the number of samples taken and these covered a wide variety of products.

Samples reported as unsatisfactory constituted 9.21% of total.

Average Solids-not-fat content of milk was 8.67%.

Average fat content of milk was 3.64%.

TABLE XI  
ACTION IN RESPECT OF SAMPLES REPORTED BY THE  
PUBLIC ANALYST AS "NOT GENUINE" DURING 1957

Sample No.	Article	Reason Not Genuine	Action Taken
12417	Flour ...	... Deficient of 0.04 mg. Vitamin B per 100 gms. and contained excess Calcium Carbonate.	Verbal warning.
12424	Crab Paste ...	... Deficient of 16% fish.	Formal follow-up sample taken—genuine.
12441	Flour ...	... Deficient of 37% Aneurin.	Warning letter.
12443	Flour ...	... Deficient of 21% Aneurin.	Warning letter.
12492	Flour ...	... Deficient of 21% Aneurin.	Warning letter.
12484	Lemon Juice ...	... Deficient of Vitamin C.	Warning letter.
12444	Pork Sausage .	... Contained 10% excess fat.	Warning letter.
12456	Pork Sausage .	... Contained 15% excess fat.	Warning letter.
12446	Pork Sausage .	... Deficient of 7% meat.	Warning letter.
12486	Pork Sausage .	... Deficient of 21% meat.	Formal follow-up sample taken—genuine.
12546	} Cream Cakes .	... Contained imitation cream.	Warning letter.
12547		... No notice displayed in shop.	
12548		... displayed in shop.	

TABLE XI (continued)

Sample No.	Article	Reason Not Genuine	Action Taken
12597	Indian Brandee	Deficient of 90% Chloroform.	Warning letter.
12588	Milk ...	... Contained foreign body.	Case pending.
12505 } 12506 }	Layer Cake	... Affected by mould.	Warning letter.
12447			
12447	Bread	... Contaminated with dust particles.	Legal proceedings —£5 Fine.
12578	Bread Roll	... Contained grease and dirt.	Legal proceedings —£5 Fine.

TABLE XII

FOOD PREMISES SURVEY—  
FOOD HYGIENE REGULATIONS, 1955

CONTRAVENTIONS FOUND AND REMEDIED

Type	Found	Remedied
Lack of Washbasins ... ..	264	260
Lack of Sinks ... ..	26	24
Lack of Hot and Cold Water ...	61	60
Lack of Soap, Towels and Nailbrush ...	4	3
Lack of First-Aid Equipment ...	88	106
Lack of Food Protection ... ..	57	68
Lack of Artificial Lighting to W.C. ...	180	204
Lack of Notice re Hand Washing ...	184	208
Lack of Cleansing ... ..	140	113
Lack of Provision for Storage of Clothing ... ..	19	33
Defective Sinks ... ..	3	8
Lack of Waste Materials Accommodation ... ..	12	15
Lack of Intervening Ventilated Space	7	7
Defective Floors ... ..	56	80
Inadequate Temperature Control ...	8	4
Insufficient Ventilation ... ..	8	7
Defective Sanitary Accommodation ...	9	6
	1,126	1,206



## FERTILISER AND FEEDING STUFFS ACT, 1926

During the period under review, 16 samples of Fertilisers and one sample of Feeding Stuff were submitted for analysis to the Agricultural Analyst. Fifteen samples of Fertiliser and one sample of Feeding Stuff were reported as satisfactory. Appropriate action was taken in respect of the unsatisfactory sample of Fertiliser.

## RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951

Only one premise is registered by the local authority under the provisions of the above Act. During the period under review six samples of Rag Flock or other filling materials were submitted to the prescribed Analyst. All the samples conformed to the requirements of Regulation No. 1846.

### TABLE XIII

#### RENT ACT, 1957

#### RENT RESTRICTION REGULATIONS, 1957

I have referred to the above legislation in the foreword to my report and I give here precise details of the action taken during the year:—

(1) No. of applications received for certificates of disrepair	...	...	...	...	...	229
(2) No. of Form J's served (Notice by local authority to landlord of proposal to issue a certificate of disrepair)	...	...	...	...	...	211
(3) No. of Form K's received (Undertaking by landlord to remedy defects proposed to be included in certificate of disrepair)	...	...	...	...	...	115
(4) No. of Form L's issued (Certificates of disrepair)	...	...	...	...	...	57

# 1. INSPECTIONS OF FACTORIES, INCLUDING INSPECTIONS MADE BY PUBLIC HEALTH INSPECTORS

PREMISES	Number on Register	NUMBER OF			Occupiers prosecuted
		Inspections	Written notices		
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	15	5	—	—	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	270	69	5	—	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	—	—	—	—	—
TOTAL	285	74	5	—	—

## 2. CASES IN WHICH DEFECTS WERE FOUND

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ... ..	—	—	—	—	—
Overcrowding (S.2) ... ..	—	—	—	—	—
Unreasonable temperature (S.3) ... ..	—	—	—	—	—
Inadequate Ventilation (S.4) ... ..	—	—	—	—	—
Ineffective drainage of floors (S.6) ... ..	—	—	—	—	—
Sanitary Conveniences (S.7):					
(a) insufficient ... ..	1	—	—	—	—
(b) unsuitable or defective ... ..	4	4	—	—	—
(c) not separate for sexes... ..	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) .. ..	—	—	—	—	—
TOTAL	5	4	—	—	—

## APPENDIX

**Causes of Death at different Periods of Life in the  
County Borough of Smethwick, 1957**

CAUSES OF DEATH		Sex	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
ALL CAUSES	...	M	383	16	—	1	4	22	133	107	100
		F	329	10	1	2	2	13	79	92	130
1. Tuberculosis, respiratory	...	M	17	—	—	—	1	2	8	5	1
		F	2	—	—	—	—	2	—	—	—
2. Tuberculosis, other	...	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
3. Syphilitic disease	...	M	2	—	—	—	—	—	—	2	—
		F	—	—	—	—	—	—	—	—	—
4. Diphtheria	...	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
5. Whooping Cough	...	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
6. Meningococcal infections	...	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
7. Acute poliomyelitis	...	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
8. Measles	...	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	...	M	1	1	—	—	—	—	—	—	—
		F	1	—	—	—	—	—	—	—	1
10. Malignant neoplasm, stomach	...	M	8	—	—	—	—	1	2	4	1
		F	15	—	—	—	—	—	5	4	6
11. Malignant neoplasm, lung, bronchus	...	M	20	—	—	—	—	—	12	5	3
		F	4	—	—	—	—	1	1	2	—
12. Malignant neoplasm, breast	...	M	—	—	—	—	—	—	—	—	—
		F	12	—	—	—	—	1	6	2	3
13. Malignant neoplasm, uterus	...	M	—	—	—	—	—	—	—	—	—
		F	4	—	—	—	—	—	3	—	1
14. Other malignant and lymphatic neoplasms	...	M	38	—	—	—	—	4	16	7	11
		F	27	1	—	—	1	2	10	8	5
15. Leukaemia, alukaemia	...	M	2	—	—	—	—	—	—	2	—
		F	1	—	1	—	—	—	—	—	—
16. Diabetes	...	M	1	—	—	—	—	—	—	—	1
		F	3	—	—	—	—	—	1	—	2
17. Vascular lesions of nervous system	...	M	31	—	—	—	—	—	9	11	11
		F	46	—	—	—	—	—	12	19	15
18. Coronary disease, angina	...	M	61	—	—	—	—	2	28	17	14
		F	34	—	—	—	—	—	5	17	12
19. Hypertension with heart disease	...	M	7	—	—	—	—	—	3	2	2
		F	16	—	—	—	—	—	4	3	9
20. Other heart disease	...	M	41	—	—	—	1	1	9	10	20
		F	51	—	—	—	—	2	8	9	32
21. Other circulatory disease	...	M	5	—	—	—	—	—	3	1	1
		F	12	—	—	—	—	—	3	2	7
22. Influenza	...	M	8	—	—	—	1	1	3	2	1
		F	4	—	—	—	—	2	1	—	1
23. Pneumonia	...	M	14	1	—	—	—	—	5	4	4
		F	13	2	—	—	—	—	2	2	7
24. Bronchitis	...	M	47	1	—	—	—	1	18	17	10
		F	15	—	—	—	—	—	2	6	7
25. Other diseases of respiratory system	...	M	3	—	—	—	—	1	2	—	—
		F	3	—	—	—	—	—	1	—	2
26. Ulcer of stomach and duodenum	...	M	7	—	—	—	—	—	3	2	2
		F	2	—	—	—	—	—	—	1	1
27. Gastritis, enteritis and diarrhoea	...	M	3	—	—	—	—	—	1	1	1
		F	7	—	—	—	—	—	2	4	1
28. Nephritis and nephrosis	...	M	6	—	—	—	—	2	2	1	1
		F	3	—	—	—	1	—	2	—	—
29. Hyperplasia of prostate	...	M	5	—	—	—	—	—	—	1	4
		F	—	—	—	—	—	—	—	—	—
30. Pregnancy, childbirth, abortion	...	M	—	—	—	—	—	—	—	—	—
		F	—	—	—	—	—	—	—	—	—
31. Congenital malformations	...	M	7	6	—	—	—	1	—	—	—
		F	6	4	—	—	—	—	2	—	—
32. Other defined and ill-defined diseases	...	M	30	7	—	1	—	1	7	8	6
		F	28	3	—	1	—	1	4	5	14
33. Motor vehicle accidents	...	M	6	—	—	—	1	1	—	1	3
		F	5	—	—	—	—	—	2	2	1
34. All other accidents	...	M	7	—	—	—	—	2	—	2	3
		F	9	—	—	—	—	1	1	4	3
35. Suicide	...	M	6	—	—	—	—	2	2	2	—
		F	4	—	—	—	—	—	2	2	—
36. Homicide and operations of war	...	M	—	—	—	—	—	—	—	—	—
		F	2	—	—	1	—	1	—	—	—

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